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HABITS AND SKILLS

BY MAUDE B. MUSE, R.N.
Teachers College, New York City

HUMAN character is manifest by a system of habits—habits of mind and habits of behavior; some good, some bad, but fortunately all modifiable. The object of all training, apprenticeship, culture, or any other form of education is the establishment of habits of maximum usefulness to the individual and to society.

Each individual begins life with a certain modest capital, a loan from Mother Nature. It is a fund of innate tendencies common to the species with certain variations peculiar to the individual. It becomes a permanent possession only when invested in habits. It may be squandered to form bad habits or, if misused, will disappear like "fairy gold."

Each habit is the incarnation of numerous reactions—motor, glandular, and mental. The quickest thoughts are

slow compared to the unerring swiftness of habit. "Habits are safer than rules—you don't have to keep them, they keep you." Therefore, the nurse's

training, which must insure motor skill and precision as well as impart much new information upon a variety of subjects, becomes largely a process of habit formation.

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Increased ability to comprehend and predict, to produce and alter the "response" of her patients (as well as her own reactions), should be the ambition of the pupil nurse from the first weeks of her probation.

HABIT AN ACQUIRED REFLEX

All tissues of the body are susceptible to change through habit, as evidenced by facial expression which soon becomes permanent, or by the

ability to train the hair to lie in a certain fashion, but the tissue responding most readily to habitual activities is nervous tissue, and habits appear to crystallize because of actual physical paths of least resistance in the nervous system.

PERSONALITY—A HABIT

Habits of behavior should not be permitted to absorb the entire attention. If any one quality may be said to count most in a nurse, it is the *sum total of all her habits* known as "*personality*." The composite distillate of months and years of habitual responses which we call personality is a sort of human essence, flavor, or aroma, which defies description. A pleasing personality is a valuable asset in any profession, but it is absolutely essential to success as a nurse, and personality is the end product of all habits—the "habit of our molecules."

There are few superintendents and instructors of nurses who do not recall the feeling of helpless regret with which, from time to time, a nurse was graduated whose untoward personality threatened to ruin her whole career. More scientific attempts should be made to prevent this catastrophe. Once brought to the realization of her handicap, adequate instruction in psychology should serve to eradicate many objectionable character traits during the three years of her training.

TWO OTHER TYPES OF HABITS

Probationers and Junior nurses may with profit give attention to two other quite different types of habits; e. g.,

1. Good study habits, through which much valuable time is redeemed;
2. Habits which render the performing of all routine nursing procedures of a purely mechanical type largely automatic, thus leaving the nurse's mind free to occupy itself with the more vital phases of nursing.

Of the advantage of the former there can be no question; but perhaps it would be well to indicate in the

beginning, the limitations of the latter.

The danger of automatic reaction in such a profession as nursing is not to be ignored. It is possible to graduate from the training school a mere human machine, an automaton! No degree of efficiency nor amount of time saved can warrant making the actual service of the sick, automatic, but strict mechanical tasks like bed making, dusting, etc., may, and should be, first "standardized" so as to eliminate all unnecessary movements, and then repeatedly performed until the highest degree of speed and skill results.

RESPONSIBILITY OF THE FACULTY

To solve the problems and acquire skill in a new profession, a new set of habits is essential and efficiency demands that they be largely *thought out* beforehand. Some of them should be worked out by the training school faculty and when the exact methods which shall become "routine" for that particular hospital, shall have been decided upon, each practical procedure should be standardized so as to require the least possible expenditure of time and energy.

One method of accomplishing this is to have moving pictures taken of the procedure with an ultra-rapid camera and eliminate obviously unnecessary movements. When this is done there will be less fumbling, smoothing and patting, which waste much time and are so annoying to the sick.

GOOD COUNSEL INSUFFICIENT

However, it is not sufficient in nursing education to point out the importance of definite and scientifically directed formation of selected habits. To stop here would be almost as profitless as to announce quietly to an

untrained dog that he should stand up and "beg" for a coveted morsel.

How then shall the habit of habit formation be presented to the pupil nurse so as to function in her daily life?

STIMULUS AND RESPONSE

The behavioristic viewpoint should be of value to the student nurse because it seeks to interpret everything in terms of "stimulus and response"—psychological terms with meanings similar to those already made familiar to the nurse through physiology.

"Stimulus," in psychology, means practically the same as in physiology, only the former is always composed of many sensations, the whole complex group being termed the "Situation."

"Response," in psychology, is also more inclusive in its meaning than in physiology. One response may include motor, glandular, emotional and mental reactions of a most complicated character.

Increased ability to comprehend and predict, to produce and alter the "response" of her patients (as well as her own reactions), should be the ambition of the pupil nurse from the first weeks of her probation.

THE ROOTS OF HABIT

A greater part of the "original capital" possessed by each individual antedates birth by nine months, being innate in the fused germ plasma of the parents. Other traits may appear at birth, as a result of intrauterine development or birth conditions and injuries, e. g.—ophthalmia neonatorum, deformities, idiocy, etc. These are termed "congenital." The instinctive reactions observable in the new-born are few,—chiefly sucking, grasping and random movements. Other instincts

appear later and together these make possible all the changes in the human organism through the medium of stimulus and response. It is believed without these activities the organism would remain practically inert.

Native reactions, then, form the basis of all acquired reactions and *all education*, mental acquisitions as well as motor, knowledge as well as skill, depend upon stimulus and response, for "ideas" are not stored in the brain like apples in a bin, like books on a shelf, nor even like glycogen in the liver. Just as muscles do not contract nor glands secrete except when stimulated, so an idea, thought, or emotion appears only in response to stimulus. Therefore, whenever it is possible to control the "situation" the response will take care of itself; a comforting and inspiring thought for parents, nurses, and all educators.

THE NURSE'S PROBLEM

The nurse's problem, then, becomes largely to determine to what extent she may hope to control the situation—all the multitude of stimuli which effect the responses of her patient—and the ways and means thereof. Would not this mental attitude revolutionize the thinking of most nurses and envelop the most unpleasant task, the most tiresome patient with new interest?

GOOD TECHNIQUE

One of the goals always set for the pupil nurse is the attainment of "good technique." In hospital vernacular, perfect technique means such skillful handling of sterile apparatus as to avoid the slightest contamination; such skillful manipulation of the patient as to occasion the minimum discomfort, and such elimination of unnecessary move-

ments as to insure the maximum speed compatible with highest efficiency. It is quite correct to speak of technique as "second nature" since its acquisition is possible only because of the before mentioned "nature reactions" and subsequent accretion from well invested original capital.

SKILL OR SKILLS

The evolutionary development of certain "lower motor centers" in the cord and brain stem is evidenced by these innate reflexes, while all voluntary reactions are controlled by the cortical centers in the motor area of the cerebrum, and now a theory is being advanced to explain the vast improvement possible in a performance under certain circumstances. It is believed that there may be developed in the hemisphere opposite the hand most used, certain "super-motor" centers which function to insure the more perfect motor co-ordination known as "skill."

Practice will not necessarily "make perfect." Mere repetition does not insure skill or skills, for each particular skill must be a separate co-ordination. A nurse may make, on an average, four beds a day, for two or three years, and not improve a whit over the first months of her probation. A clear conception of a goal and frequent checking up to determine progress, should motivate all practice.

"Keep your eyes on the ball" is the slogan of the professor of golf; and keeping one's eyes on a definite goal is essential in order to perfect any one of the skills.

Attention to the details of a performance is essential, but there comes a stage when detail should be lost sight

of and the project visualized as an entity. For example,—turning square corners and tightening the lower sheet may, with profit, occupy the whole attention of a probationer for a period, but should eventually become automatic in the making of a bed of ideal comfortableness.

STUDY HABITS

A consideration of good habits of study from the standpoint of stimulus and response, will be the subject of a later paper.

SUMMARY

The price exacted for general efficiency as a nurse is eternal vigilance in the establishment of selected habits of thought and action. It takes time and numerous repetitions with a well defined goal, to fix a desirable habit; but it is possible to secure almost any change in original powers and capacities by "adroitly arranged stimuli frequently repeated."

With a good system of habits there is no need for rules—not even the "Golden Rule."

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A PRACTICAL SUGGESTION FOR ORTHOPEDIC WORK

BY AMY M. HILLIARD, R.N.
Samaritan Hospital, Troy, N. Y.

VERY considerable difficulty is often experienced in obtaining suitable materials for certain orthopedic work.

After several unsuccessful attempts to locate a good balbriggan material for use as a foundation shirt under plaster casts, there came to my attention one morning an advertisement from the American Purchasing Corporation enclosing a sample of Ampco cleaning cloth. This had the desired elasticity and was inexpensive in price and has been successfully used in the Samaritan Hospital for the purpose indicated.

Where thick pads of felt are necessary to relieve pressure over certain

eminences, we have found that scrap ends of laundry mangle felt can be used. These can be obtained from any manufacturer of such felt and at a very moderate price.

The usual cotton wadding which is used for bandages under casts is very thin and too light in weight and for this reason larger amounts of it are used, which entails not only expense in supplying the material, but additional time in preparing the bandages. Through the courtesy of one of our dealers we were referred to the Union Wadding Company of Pawtucket, R. I., where we found that we could purchase wadding by the bale in almost any thickness and at a very reasonable rate.

POSITIVE HEALTH FOR NURSES¹

BY CAROLINE HEDGER, M.D.
Medical Director, Elizabeth McCormick Foundation, Chicago, Ill.

MEMBERS of my previous profession: Of course I served my time before most of you were born, but I did my turn at this kind of a job, as many of you know. You know perfectly well that it is impossible for me to discuss this scholarly paper of Dr. Lucas.² This kind of a paper does not

need any discussion from me. It is truth from the foundation up, and has to be worked out and thought out and applied. There is, however, one phase of this whole health game that I am anxious to discuss with you this afternoon, and that is the application of the idea of positive health to nurses themselves.

Dr. Lucas is right; we have powers of observation and we can tell by looking at a child or a person a good deal

¹ Read at the Tuesday afternoon session of the convention in Seattle. Received too late for publication with the convention proceedings.

² See September Journal, pages 1030-1043.

about the condition of that person, and the main work with children is to get people to stop long enough to look at their child and see how it looks. That is really my major effort, because if you could once get those parents to stand off and see the looks of Johnny and Mary, they would surely take steps to improve them.

Perhaps the same thing is true of us as adults. You know there was a Scotch poet who said that if somebody would only give us the power to see ourselves as somebody else saw us that we could do a good deal for our own benefit and improvement.

The first thing that I want to make plain, so that we may understand each other, is my idea of positive health. You heard a succinct statement of the progress of medicine through the ages from Dr. Lucas, a very fine statement. You are many of you, at present, engaged in the work of this tremendous prevention thing that has been going for two or three decades, the result of which cannot be measured in economic value and in happiness. I think the statement of the reduction, to take one example merely, of the death rate from tuberculosis is one of the most thrilling facts that has come out in years; and in that reduction you have played a tremendous part as a profession.

I consider the prevention of disease a long step on ahead of that procession of people from your profession and from the medical profession who have given their lives in the cure of disease. You have your martyrs, the medical profession has its martyrs, and this step in prevention in which you have played so tremendous a part is less wasteful than martyrdom for cure.

What is positive health? Positive health is an ideal toward which we build, and forgetting the germs that are behind we press on to something like physical perfection, so that we do not have to think about any particular brand of germ.

This positive health idea has many factors; but I think it is a very difficult thing for nurses to attain, and I say that with full knowledge of nurse training. Dr. Lucas told you himself that he had no positive health standards when he came out of medical college. That is true of all of us. I very well recall when I was a nurse, if I was sent to a pneumonia case and snatched it back from the edge of the grave, by the time it wanted its hair curled I had lost all interest in it. I talked myself off of that case, I got on some other case that I could snatch back from the grave. That was my lack of interest in health. I did not care whether that person came into efficiency, into beauty, into balance, and did all the things that are implied in health, and I feel that we are suffering today from lack of positive health training in nurse training schools.

There are two sides to that, (I hope I am addressing some superintendents of training schools). One of the sides of this lack of health standards in training schools is purely economic. In every training school in this country you are paying for hundreds of days of sickness in your nurses that could and should be prevented, and you have no right to pay a bill for preventable sickness in your nurses. That is one side. On the other side, this lack of health standards in nurse training schools loses to the profession a large

amount of very good material; and you understand how needful the trained woman is today to carry on this positive campaign in which we are engaged.

I well know by the appearance of this audience that anybody who survives the nursing training school is fit. The quality of the stuff that is here this afternoon speaks for itself, but there is a large mass of material that might make very good nursing material and that could be conserved through a rational training if we had any standards of positive health in nursing training schools.

A third point is this: our lack of standards for positive health of nurses' training schools turns out the graduate of today without the preparation that she needs for this immense field that is opening all over the country. It leaves her without ideals, it leaves her without the psychological picture of the thing to which she is building. There is not a nurse who goes out into the field but knows all about tuberculosis; she can spot an adenoid child at a distance of half a block. I am not complaining of her ability to see the problem of the corrective and the preventive. But how many nurses come out of the training school today who can picture in their minds what a child should look like? Very few indeed. And we have got to have in the concept of the nurse a positive thing toward which she builds; because her job is to transmit that positive concept of health to parents who have had less chance for training than she has had.

Lastly, in this consideration that you have no concept of health in the training school, you turn your nurse out from the training school—and I am

speaking from experience and not from theory—you turn your nurse out without the thing that she has to sell, which is health, positive health. You know if you are going to sell a thing—really this campaign of health in the country today is a campaign of salesmanship—if you are going to sell a thing, perhaps it would be well to have what you sell, or at least to understand its value. Now to get at this we have to have standards. We have to have a standard on which to focus our own interests, on which to focus the interest of those whom we seek to help, and we have to get away from the negative in every way, shape, and manner.

In addition to positive standards of physical health I have come to believe that if we are to stand up erect and strong and ready for the work that is waiting for us, we have to free ourselves from fear. I believe that fear is destructive. I do not believe that fear saves the world. You know the Presbyterians tried eternal damnation for a long while, and even though they never quite gave it up, they now preach a very modified doctrine in reference to it. Those infants in hell have disappeared from Presbyterian thinking. I believe the Presbyterians are right. I believe we have got to come out of the phase of fear and have got to stand up in the sunshine and face up the road towards something positive. To do this we have got to understand the factors that underlie positive mental health.

I was so glad to hear Dr. Lucas say what he did about the height-weight relationship as being only a factor. I mean this for you people just as much as I mean it for the children. When you attempt to build into positive

health, the height-weight relationship is the responsibility of every individual person. Of course I am the kind on which it comes off by fasting and prayer. Somebody asked me last summer why prayer; and I said that one might keep on fasting, I thought that was self-evident. But as a matter of fact I believe one fundamental factor in the health of the nurse is the height-weight relationship. A reasonable balance should be reached and maintained. This is just as true of the child in the field as it is of the nurse.

We trained a very fine public health woman in our institution on the north side in Chicago, and she certainly was a sad looking object. She was a typical mal-nourished child. A few months later I found that girl teaching nutrition out west, and as I had some interest in her training I went at her good and hard and said, "I would be ashamed to teach nutrition and look as you do." She was piqued. I went back a year later and that girl had put on eighteen pounds. She was the prettiest thing you almost ever saw. Of course her posture had improved, her color was better and her eyes were bright. I began to pet her and tell her how nice she looked, and she said, "You keep quiet. I feel just as much better as I look." She could see health then; she had it and looked it.

This height-weight relationship is a starting point and nothing more, and it is one idea in this concept of positive health. This relationship between height and weight is valuable in the health of the child and the health of the teacher. It is brought about by the same standards of nutrition, the same control, the same regime of health. It

helps to produce the normal chemistry of the body, it helps to produce beauty, it gives one chance for stored vitality, and all these things underlie positive health. This height-weight relationship is often ignored in nurses' training schools. I have recently been making a very strenuous, and I am afraid vain, endeavor to teach health in a training school for nurses; and about half of my girls were very much below their weight for their height; as soon as I would get a small group of them started up, they would be put on night duty and the improvement would be lost.

That is bad business. It would literally pay that training school, in my opinion, if they would set a positive standard for each nurse in training and would say to her: "If you will maintain your height-weight relationship during the training school years, we will give you two weeks off your time at the end." That would pay the training school in actual dollars and cents. It would also put more responsibility into the heart of the nurse for her own well-being. You see the nurse has come along at the end of the subjection of women in the history of the ages, and you know the nurses' training school is not too democratic an institution, if you will just think it over. The nurse has quite unconsciously come into the ancient martyr spirit of women who were in subjection. The spirit has come down through the ages because the poor things could not help themselves.

In this latter day there must be a standard and an individual standard and individual responsibility, and there must be an understanding in the contract between the training school and the nurse that that nurse is to be

educated; her highest possibilities are to be brought out; and that includes her positive health. Her learning about germs will avail her nothing unless she has got the backbone to stand the gaff of her profession, and that standard has not been set and we have got to have positive health standards in training schools for nurses. How it is to be brought about I don't know, except through great gatherings of nurses like this.

In the height-weight relationship, comes a factor over which the nurse has no control, and that is the diet in the training school. Very often a trained dietetic person is in charge of this diet and very often the total number of calories is approximately right. But in many training schools there is very little attention paid to the demand of modern food experts for a wide variety of diet, and many of the diets are monotonous and many of them are short—I speak from experience—I do not mean thirty-five years ago) and many of them are lacking in those growth principles that we know now are so necessary to the health of every one of us, and especially to the health of the child.

This matter of diets in nurses' training schools should be a matter of the most careful study, and again it would pay the training school. It does not pay the training school to give a diet so short in vitamins that there is little appetite in those nurses. It does not pay a training school to give a diet so monotonous that they dread Thursday night, because they know that is monotonous. It does not pay a training school from the point of health of the nurse. Also there is the chance to give the

nurse a practical demonstration of a balanced and broad and varied diet that she can use as a standard when she gets outside of the hospital. To sum up, diet for the nurse should make the nurse healthy and serve as a standard for her health teaching.

There is another point on the positive health side of nurses about which I feel very keenly, and that is that in positive health standards I believe that we should always include a standard for the reproductive life. The standard for the reproductive life is a normal educational aim to which little attention has been paid. Girls have been educated in a system made for men by men. This has not been modified to any extent for their use, and they have been most ambitious to make good and they have made good. In one of the medical colleges in Chicago I have heard that they did away with the honor list because out of thirty girls in a class of three hundred they carried off so many honors that the brethren could not stand it.

There is no doubt but that women have made good intellectually. They have taken degrees and honors and high places in the educational world. It seems to me—from the outside, of course, I am a plain doctor—that sometimes they lose sight of their big job; and it seems to me in general education as well as in nursing education one of the fundamental ideas in positive health is to conserve the individual for parenthood if he is fit to be a parent, and this conservation for parenthood should be thought about in the nurses' training. Nurses ought to make the best wives and mothers. I have no statistics on the number of living children per

nurse, I don't know whether any such statistics exist. It would be a good statistical study for alumnae associations to figure up. They might be somewhat shocked to get figures such as I got from my own college group a few years ago. I got out of college, I believe, in 1890. In 1913, I counted up my own group that had gotten out of college before 1900, and in thirteen years we had managed to accumulate seven-tenths of a child apiece.

Here you are, a very highly trained group, with high educational standards, expensive and intensive and extensive training as nurses. People as highly trained as yourselves should be conserved for parenthood if parenthood is possible; because you see in this place that we call America if we are to carry forward the tradition of freedom and justice that has been fought for and bled for by the Nordic races of Europe for a thousand years, we have got to have a few American mothers able to have a child and nurse it nine months.

Now don't misunderstand me. I know well the gifts of southern Europe; I know well that southern Europe brings to us art and color and music—rich gifts that we need in our colder and grayer northern lives. But southern Europe has not the gifts that we Nordics have, the Anglo-Saxon, the Germanic, the Scandinavian; and if we wish to put into America the ideals of justice we have got to have more American children; and it makes necessary the conservation of the individual as a parent, the basis for positive health. I should like to see it made an end to nurses' training schools. For instance, I think a nurses' training school could well give a girl another two weeks'

credit if she maintained during the training school course a normal and painless menstruation. To that there is very little attention paid except, as Dr. Lucas stated, when the abnormal occurs. The normal must be fostered and should be made a definite end of the education of the nurse. Not only this, but in this conservation of parenthood there should be brought into this health campaign a positive cosmic ideal—the place of this living protoplasm under the eternal law—this ever-widening stream of life in which is worked out the ends of the Eternal.

That cosmic view of parenthood, that relation of the home, that responsibility to powers outside of ourselves and eternal, must be a part of this fundamental health that this stream of life may go on unimpaired and trained along the wonderful lines you have heard.

You see really the idea underlying positive health is the idea of making a woman first and then educating her. It is not the stuff that you have in your attic that is of value to you; it is the stuff that you have downstairs and use, that is of value. This idea of accumulated stores of mental material and not enough backbone to use it is not one of my positive health aims nor is it, I believe, a sound educational aim. I am afraid I am rather utilitarian in my ideas of education. I have not so much respect for a great mass of information as I have for applied science in right living in a healthy body that can put it across.

With this idea of positive health I feel that we should have for health teachers, better standards of nervous balance. I believe that is a thing within

the reach of every one of us. For instance, we have as health teachers to combat the spoken words of Mr. Edison. Mr. Edison tells us that four hours' sleep is enough. Mr. Edison is as deaf as a post; he does not hear the noise of the Loop in Chicago; neither is he talked to death by neighbors; and anyhow, Mr. Edison is a genius. I believe we have to definitely and carefully counteract words like that. I heard of an adolescent in this town yesterday who was getting two hours' sleep a night and was quoting Mr. Edison as her authority. As health teachers we have to set standards of nervous control for ourselves and to definitely understand that there is an ideal of nervous control as well as a height-weight control of the body.

The next point in this positive health I believe is posture; and I hardly think that any nurse with the typical malnourished posture could or should teach health. On this posture topic, I should like to give you a reading reference; and I am sure that Dr. Lucas has been reading the same books. Take Alexander, the Englishman, who wrote "Man's Supreme Inheritance," in which he discusses not only posture as a fundamental of health and right living, but he discusses a conscious control of our living, which I believe is a very sound idea. And in connection with that, take Dewey's "Human Nature and Conduct," which discusses a further phase of this.

In this matter of posture, you know what the usual method is. Here comes a skinny child slumping along, and the parent says, "Johnnie, put your shoulders back"; and he does and gets about that much result. If you will stand up

I will give you a lesson. In the first place, well nourished people don't need to wear bones on the outside. We have our bones inside and we have some muscular tissue to hold them up, but malnourished and poorly muscular people, of the highly nervous and intellectual type, sometimes need bones on the outside,—in other words, thin people need corsets.

The first thing is to get your body in balance and get your heels off the floor and swing the weight forward. I am speaking, I am thankful to say, to an audience that wears decent shoes. Of course the average woman can hardly get her heels any higher than they are. Keep your weight on the ball of the foot, so that your heels just slide over the floor.

Next, will you loosen your shoulders? You see the American woman, with her high heels and tense shoulders, and she tells you the back of her neck aches. I should think it would. If one went on six weeks that way I think the neck would break instead of ache.

Next, fix your mind upon your breastbone and by muscular effort—not by taking a breath—will you kindly pick up your breastbone? Children take hold of their blouses and pick up their breastbone. You can do it that way. You have to boss your breastbone or you are not in control. Shoulders easy; now all together; up we go! Too stiff. Well, I believe there are a number of you who are not the bosses of your breastbones.

If you are coming into position you can feel a pull in the back; that is all right. Lastly, then, having gotten yourself in balance, just see how tall you can make yourself without stiffening your

neck. See how tall you can make yourself by drawing in your chin a little. Well, you look better.

Dewey says that anybody that can stand up, will stand up, but that is not true. There are about two hundred and fifty of you that were not standing up when you rose this afternoon, and you did stand up. You can do it and you can teach people to do it; but you have to get your underlying nutrition to make that thing a possibility, a habit, and a real development of the person.

This matter of posture is very fundamental in the whole idea of positive health. I am getting almost superstitious about a certain type of woman that walks in the office. I can almost see the degrees after her name when she walks in. She is so intellectual and so thin I can almost see the slats of the chair through her. And then I give her a long and full examination, and the first thing is that her stomach is not at home and other organs are not in their accustomed haunts. I send her in to the X-ray man and he sends back word that everything that should be on the first floor has fallen into the basement. It is plain to see that you have not been one of those cases. They think they are awfully sick. Really they are deformed. The whole nervous balance of that body is upset, the whole chemical balance of that body is upset, and it is due first to malnutrition; second, to bad posture; and it takes an immense amount of re-education of the adult to bring that type of nervous, highly educated, poorly nourished woman into anything like reasonable and positive health. We have to be very keen on this posture side, ourselves, because we are dealing with children, little imita-

tive beings, that if you droop, consciously or unconsciously copy your droop, and if you stand tense they stand tense; and this postural thing is very fundamental, both in your own health and in your teaching.

I am sure you are beginning to see that this matter of positive health is poles away from the absence of disease. I recall a woman that lived in a little town where I lived when I was a little girl. I think she had never had typhoid fever or malaria. As far as I remember she had never been a day in bed, and yet she crept about that small town casting a shadow of pain. She always had a pain here and a pain there, and she was one of the most cheerless, depressing objects in that little town, although she had never been really sick a day in her life. She had absence of disease, which might be termed negative health.

This thing I am speaking of is something positive, away and beyond absence of disease, and in your children it is far beyond the correction of defect. You can take out all sorts of tonsils, adenoids, and teeth and many, many other things, and still have a child with very negative health. In the work of the schools the health standards are largely negative correction prevention. Two years ago, down in Salt Lake, one of the great physical educators of the United States got up and read a paper and said that health was absence of disease, and that with health, physical education had nothing to do,—God save the mark—and then he went on to say that physical education had to do with well-being, which was another thing than health. Now, people, don't take any such standard as that. Well-being

is fundamentally a part of health and is to be built into health ideals and with that health, physical education has to do and should be used to that end.

As a general background to this positive health ideal I should like to put into your heads a standard of reserve vigor. Do you remember that "Adam's Diary" that Mark Twain wrote some years ago? and that on Sunday, Adam never recorded but two words, and those two words were "Pulled through." I am afraid that too many of us set our health standard on "Pulled through," and that is no rational health standard. You have got to have in your ideal of positive health standards a reserve vigor, something in you that makes you know that at the beginning of every day you can call on your body for all reasonable demands and that you will have at the end of that day something left. You cannot use it all up every day, that is not fair; because outside of your job of running a hospital, or nursing the sick, or teaching, you have other duties that have come upon you in these latter days, and they are very exacting duties. After you have done your day's work you have to do your share towards running your government; and your government is one of the most difficult governments in the world to run; and it is far from running right as far as the cities are concerned.

Then you know we have another thing to do that I think demands more positive health than anything else. After we have done our day's work, with the demands on our citizenship, possibly reared a family, there has to be vitality and health able to grow a soul. There has to be strength and

interest enough so that we can build up the sides of us that appreciate beauty, and that appreciate art and music. Without that we cannot do. Life is more than meat; life is not just to be put on economic terms; it is not just to be pulled through and do the least possible. Life is for the fulfilling of the highest possibility of the person in service and in growth and in beauty and in the appreciation of beauty.

That brings me to the last topic in this matter of positive health,—a matter on which I feel quite deeply, and that is the matter of avocations. We have all our profession; we work hard at it; and it seems to me that professional life becomes more and more difficult year by year. I always said I was going to stop when I was fifty, and I work harder to earn my living every year I live. But as a matter of fact, I believe we have to support in this ideal of positive health, some standards as to avocations—interests outside of our work, something that gets us into the out-of-doors, something that develops our hands.

I was very much interested in Dr. Lucas' standards of muscular control at an early age. I haven't any doubt that what he says is true, but I will confide to you that I have never had so much fun in my life as beginning music at the age of fifty-two. He said that much could be done, that we could learn. Well, it can be done, and it is more fun than anything you ever tried, to begin a new avocation at an advanced age.

This matter of avocation I have felt for some years was a very serious matter for nurses. Of course for the private duty nurse, her avocation is almost nil. She is on the job twenty-four

hours a day, and when she comes off she is too tired to do anything but sleep. But even the private duty nurse should have an avocation, something that builds up her ability to create, something that fills her soul, something that helps her into the realm of beauty and something that she understands and has an interest in outside of nursing. Work is hard in these modern times; the responsibility is great. We have

come into a new stage of consciousness. We touch the ends of the earth and we are responsible for the ends of the earth, because of our widened contacts, and it is not a cheerful or easy outlook. The ends of the earth are in a fearful snarl, and it bears down upon us as a terrible burden. Only by nervous balance, only by sane outlook, only by sleep enough, only by rational standards for health, can we meet the demands of this present day.

THE IMPORTANCE OF UNDERSTANDING MEDICAL LABORATORY TESTS

BY MABEL McVICKER, R.N.

Peter Bent Brigham Hospital, Boston, Mass.

TOO frequently the student nurse, and often the graduate head nurse, looks upon a "test" as something which has to be done because the doctor has ordered it, and feel a relief when it is over, so that the routine work of the ward may go on without interference, but if she might only know the significance of the test—and there is always a way of knowing—and remember that by being an assistant with it, she may be an aid in making a diagnosis and so directly help the patient, then surely she will work with interest, enthusiasm, and one hundred per cent of accuracy so far as her work is concerned in any test.

Let us consider, for example, two of the comparatively new medical tests. First, the Glucose Tolerance test. This is considered by many physicians an aid in the diagnosis of early cases of diabetes. Glucose tolerance means that

a known amount of glucose is administered to an individual and then it is determined how efficiently it is utilized by the body tissues by estimating the height to which the blood sugar rises, and whether or not sugar appears in the urine. The patient fasts after 7 p. m. of the evening before the day of the test. The reason for this is that it has been found that if other food stuffs are being absorbed at the same time as the sugar, more of the latter can be tolerated than when the sugar alone is being absorbed.

The patient is weighed that evening. In the morning, a specimen of blood is taken to determine the amount of sugar present, after which a solution of glucose is given by mouth, allowing 1.5 grams of glucose per kilogram of body weight. For each gram of glucose, 3 cc. of water or weak coffee are allowed. If water is used, the juice of a lemon may

The Importance of Understanding Medical Laboratory Tests 15

be added. After taking the glucose, the remainder of the water or coffee is given.

The patient voids urine before taking the glucose, then once every hour, using separate containers, for three hours. The amount of sugar in the blood is determined not only before the administration of the glucose but also at the end of three-quarters of an hour, and at the end of two hours, after the glucose has been given.

After a patient has fasted twelve hours, the normal amount of sugar in the blood averages between 100 and 120 milligrams per 100 cc. of blood. If at any time during the test it rises above this, it should return to normal within two hours after the taking of the glucose. Experiments have shown that an individual with a low sugar tolerance has a rapid rise in the blood sugar (often to .2 per cent or greater) and it remains high for an hour or so, not returning to the fasting level until from three to five hours; while in a normal individual, after the ingestion of a similar amount of glucose, the blood sugar rises rapidly to about .15 per cent and returns to normal in about two hours.

During the test, the urine is tested for sugar in order to determine which specimen, if any, contains glucose. A normal person should not show any sugar in the urine. It has been shown that of the three proximate principles of food, carbohydrate is the most available for combustion in the body and may be considered as the quickly available food for the body furnaces, and a healthy animal organism is capable of rapidly oxidizing large quantities of carbohydrate.

"When the limit to the amount of carbohydrate that the organism can

metabolize is overstepped, some of it appears in the urine. The amount that can be tolerated without causing glycosuria is commonly known as the *assimilation or saturation limit*."¹

In the majority of healthy individuals there is no trace of glucose in a 24-hour specimen of urine after the ingestion of 200 grams of the glucose and frequently none after as much as 500 grams have been taken. "The testing of the so-called assimilation limit has been considered an important aid in the diagnosis of early cases of diabetes." If, during the glucose tolerance test, the blood sugar "curve" does not return to normal within two hours and glucose is found to be present in the urine specimens, the patient is said to have a "decreased sugar tolerance."

Second, the Meltzer-Lyon test. This is used in the diagnosis of diseases of the gall bladder and biliary ducts. The nurse has ready on the day of the test the following outfit: 1-20 cc. sterile syringe; 1 sterile specimen glass; 1 tumbler of sterile water; 1 sterile glass tip to medicine dropper and 1 glass connecting tube; 5 sterile bottles; 5 sterile stoppers; 100 cc. of magnesium sulphate 25 per cent solution (sterile); 1 sterile Rhelus or duodenal tube; adhesive tape (to fasten the tube and prevent slipping); kidney basin (for vomitus, if any); washed gauze (for patient's use).

No food is allowed the patient from midnight of the day preceding the test until its completion. The reason for this is that the microscopic findings in the fasting contents of the stomach and duodenum may be of diagnostic value;

¹ Physiology and Biochemistry in Modern Medicine, MacLeod.

also, in the fasting state, the sphincter of the common bile duct should be closed. The patient's mouth is washed out thoroughly with an alkaline antiseptic mouth wash. This procedure, together with having the patient fast and the use of sterile material, helps to keep the stomach and duodenum free from residue which might be confusing when the microscopic examination is done.

The Rhelus tube is inserted about 8 a. m., and the fasting (gastric) contents withdrawn to the sterile specimen glass. A small amount of water is left in the stomach to stimulate peristalsis, the patient lies on the right side (with a pillow under the hips) and the tube is swallowed and permitted to pass into the duodenum. The first fasting duodenal contents is aspirated into a sterile bottle. It usually takes about twenty minutes for the tube to pass into the duodenum.

The 100 cc. of magnesium sulphate is then injected through the tube into the duodenum. Dr. Meltzer, in his experiments, found that "it (a local application of a 25 per cent solution of magnesium sulphate) may relax the sphincter of the common duct and permit the ejection of bile, and, perhaps, even permit the removal of a calculus of moderate size wedged in the duct in front of the Ampulla of Vater." Because of this effect, magnesium sulphate solution has been introduced into the duodenum by means of the duodenal tube to induce drainage of the bile ducts in cases where such treatment seemed to be indicated; e. g., in catarrhal jaundice.

During the test, after the solution of magnesium sulphate has been introduced into the duodenum, using the

syringe, the duodenal contents are again aspirated into a second sterile bottle. The glass connecting tube permits the color of the fluid being withdrawn to be seen and in a few minutes the magnesium sulphate solution ordinarily begins to be stained with bile; this first bile is yellowish in color. In a few moments, the color changes, and the bile becomes darker and more viscid; this new bile is allowed to run into a third sterile bottle. This is usually followed by a lighter colored bile which is thinner and more transparent and this is collected in the last sterile bottle. Dr. Lyon believes the first bile to be that contained in the common duct; the second darker colored bile, to be almost entirely from the gall bladder; and the third kind of light yellow transparent bile, found in normal individuals, to be that which has been freshly secreted by the liver cells.

The diagnosis is made on the microscopic findings in the specimens obtained—pus, blood cells, mucus, bacteria, etc.; on the promptness with which the biles appear, the amounts withdrawn, the frequency of the discharges, and the general appearance of the material as to color, consistency, viscosity, etc.

To be sure, the work for the nurse in the above medical tests, as in most tests, is to prepare the equipment, and see that the specimens are properly labelled and sent promptly to the right place for examination, but surely these are important and most necessary to the successful carrying out of any test. In tests similar to the duodenal test, is it not the nurse who usually can reassure the patient so that she will follow the doctor's instructions?

A RESUME OF THE PRESENT STATE OF OUR KNOWLEDGE OF SCARLET FEVER

BY ROBERT A. KILDUFFE, A.M., M.D.

Director, Laboratories, Pittsburgh Hospital; Director, Laboratories, McKeesport Hospital; Serologist, Providence Hospital

DEFINITIONS: *Scarlatina* or *Scarlet Fever* is an acute, infectious, and highly contagious fever of unknown origin conferring immunity and characterized by 'sudden onset and the prompt appearance, (second day), of a bright scarlet, punctiform eruption terminating in desquamation, the disease showing a marked tendency to inflammatory involvement of the kidney, middle ear, throat, and cervical glands.

The incubation period is short, rarely over seven days, and excepting during epidemics, the disease is almost entirely confined to children.

Etiology: It must be admitted that, in spite of the numerous and varied investigations directed toward the discovery and isolation of the etiologic agent, the cause of *Scarlet Fever* is still unknown. The most recent experiments, (September, 1921), made upon human volunteers who had never had the disease and who were, therefore, presumably immune, in which blood, blood serum, filtrates of secretions from the nose and throat, and cultures of hemolytic streptococci isolated from fatal scarlet fever cases were injected subcutaneously, failed to produce a single instance of typical scarlet fever.

There are several ways of accounting for the failure thus far to discover the cause of this disease:

1. The organism may be ultramicroscopic—that is, too small to be seen

with the microscopic powers now available.

2. Culture media and methods suitable for its growth may not have been found.

3. The causative agent may belong to those grouped under the heading of "filterable viruses," signifying that they are of such a character as to pass through a filter capable of holding back the smallest known bacterium.

4. The organism may be resistant to all the staining methods now in use and so, while present, not seen under the microscope.

5. The methods of inoculation may not be suitable for the production of the disease experimentally.

6. Animals susceptible to the disease are not available for laboratory study.

As is well known, before any organism can be accepted as the definite cause of a definite disease, what are known as "Koch's postulates" must be fulfilled. These are:

1. The organism must be constantly found in the lesions of the disease, and isolated from them in pure culture.

2. When injected into a susceptible animal the disease must be produced.

3. The same organism must be recovered in pure culture from the animal in which the disease was experimentally produced.

Animals usually utilizable for experi-

mental work are not susceptible to scarlet fever with the possible exception of the higher apes closely related to man and even in these the disease has not been exactly reproduced. This immunity in animals is not easily explained. The condition is illustrative of the fact that, for reasons not always clear, there are certain pathological conditions to which man is subject and animals are not, and vice versa. Of course, the animals available for laboratory use are comparatively few in species and a susceptible animal may yet be found.

Transmission: The exact mode of transmission of scarlet fever is more or less a matter of guess work and tradition, but the infection has been transmitted in one known instance by the subcutaneous inoculation of pharyngeal mucus; and its transmission through the agency of the nasal and pharyngeal secretions and the desquamated scales from the skin is generally recognized.

The causative agent seems to live a long time and to be very resistant to the effects of drying, etc., and clings to clothing, and articles handled by the patient, which explains the occurrence of the disease through clothes, toys, etc., long stored away in trunks.

Pathology: There are, apparently, no specific organic changes due to the virus itself; when found they are generally the effect of secondary streptococcic infections. The lesions in the throat, in which streptococci are predominant, are apt to be very destructive in character and the same may be said of the secondary involvement of the middle ear and cervical glands.

The most important and constant complication, and one directly respons-

ible for much of the mortality, is the frequent accompanying nephritis. This occurs either as an acute interstitial or an acute glomerulonephritis and may result in severe disturbance of renal function even to complete anuria with subsequent permanent functional disability. Though an after chronic nephritis is frequent it is by no means inevitable, and may often be averted by scrupulous care and nursing—a fact not to be forgotten.

Relation of Streptococci to Scarlet Fever: The extraordinary frequency with which streptococci are found as secondary invaders constitutes so marked a feature of this disease as to have led to numerous efforts to establish them, either as a group, or as a separate and distinct strain, as the cause, but adequate evidence has not been produced and there is much opposed to this view.

Occasionally, in severe streptococcic septicemias, a rash somewhat resembling that of scarlatina has been noted, but this is so infrequent as to cause no confusion between the two diseases. In the streptococcic infections the rash, when seen, is due to the hemolytic action of the streptococcus which gives rise to numerous, minute spots of color due to the destruction of red blood cells by the streptococcic toxin and consequent hemorrhages and liberation of hemoglobin into the skin.

The true scarlet fever rash is readily distinguishable, being distinctive in color, character, and distribution. It is a bright scarlet, "lobster-colored" rash of *punctiform* character most marked on the inner surface of the thighs and the flexor surfaces of joints, and apt to be paler or absent around the mouth. Such

a rash in the presence of an acute onset with fever, sore throat, and vomiting is sufficient to make the diagnosis.

Rare cases occur in which the rash is absent, in which case it may be provoked by a hot bath or pack.

Specific Treatment: There is no specific treatment of this disease such as obtains for diphtheria and tetanus.

Because of the association of streptococci with this disease, streptococcic vaccines and antistreptococcic serums have been used with results which may be thus briefly summed up:

Vaccines: As preventives their value has not been definitely established and their use in this connection is entirely experimental.

As a means of treatment, streptococcus vaccines have some value. They have absolutely no effect upon the course of scarlatina *per se* and do not at all influence the course of the disease; they do, however, because of the production of antibodies against the streptococcus, to some extent modify the occurrence and severity of the streptococcic complications so frequently seen, and for this purpose their use is justified.

Antistreptococcic Serum: Serums made by immunizing horses with *living* cultures of streptococci from the heart blood of fatal cases of scarlet fever have, on the whole, given fairly good results in the treatment of the disease. Cases overwhelmed at the onset, presumably by the true scarlet fever virus, are unaffected; those most likely to benefit are the cases which become severely ill *after* the appearance of the eruption or those, in other words, in

which the effects of secondary streptococci infection are most marked.

Immune Serum: The treatment of scarlet fever by the injection of serum from patients convalescing from the disease was first attempted in 1897 and has since been used by various observers with varying results. While the results obtained have not been brilliantly or definitely successful, it would appear that the method is worthy of extended trial, certainly in the severe, toxic cases not likely to respond to other methods of treatment. In the absence of immune serum, even normal serum may be used, as there are some observations which seem to indicate that normal serum may be beneficial.

In the ultimate analysis it must be admitted that we are still groping in the dark and that the cause of scarlet fever and exact knowledge as to the prevention and specific treatment of the disease still remains to be discovered.

The best weapons now at our disposal in the prophylaxis of this disease and of the complications responsible for much of the mortality and functional disability consequent upon this infection are embodied in careful, constant, and conscientious nursing.

The report of the U. S. Public Health Service for August 18 contains an exceedingly valuable article on Diphtheria by J. W. Schereschewsky, Assistant Surgeon General. It is especially commended to those who are teaching in our schools or to those who are concerned with the problems of the public health field.

American Hospital Association Bulletin No. 44 gives the results of a searching questionnaire on Disinfection after Contagion.

GUMMED PAPER MODELS

BY CAROLYN E. GRAY, R.N.

Western Reserve University, Cleveland, Ohio

AN outstanding problem in schools of nursing is to obtain all the teaching helps that the varied branches included in the curriculum make necessary. Because there are so many and such varied subjects, not one but many things are needed to help the students correlate theory and practice, as well as develop skill.

For some years there have been warnings from nurse examiners that skill in bandaging was fast becoming a lost art, that the number of students coming up for examination who can apply a bandage quickly, skillfully and so it will stay put for a reasonable length of time are few and far between. To do this requires practice, and such practice ought to come at the beginning of a student's training. Moreover this practice ought to be on inanimate forms. During the first flush of enthusiasm it is easy enough to find classmates willing to serve as models, but such willingness soon wears off, and plaster models are expensive. In many schools one finds ingenious methods of making models, but the simplest and most easily made ones are similar to the

gummed paper dress forms described in Circular 207 of the United States Department of Agriculture.¹

I have used models made as described in this circular and I know they are satisfactory if adequately re-enforced, i. e., made of several layers of gummed paper. I have often thought I would write out a description of these gummed paper models, but I find the method of making paper dress forms described in the circular mentioned, so simple, so well illustrated, and so easy to apply in making a model of any other part of the body, that I recommend this circular to thrifty principals of schools of nursing. And who among us has not practiced thrift verging on parsimony in purchasing teaching helps?

An adequate number of gummed paper models of various portions of the body, would make it easier for students to practice bandaging, and the need for such practice is very great.

¹ This pamphlet may be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C., at five cents per copy.

PRACTICAL SUGGESTIONS

BY EDNA ROGERS, *Berkeley, California*

For cleaning hypodermic needles which are in good shape except for a slight roughness on the tip, or outside, I find it restores them to their original smoothness by rubbing it into an emery ball several times.

For those patients who use the bed pan frequently, or in a great hurry, it is convenient for the nurse, and comfortable for the patient if a hot water bag is kept on the part of the vessel to be in contact with the patient. The same idea works splendidly at night.

EDITORIAL COMMENT

PROFESSIONAL PARENTAGE

MORE than once we have observed the phenomenon of an unusually competent mother rearing a feckless daughter. Our sympathies have usually been with the daughter because the mother, glorying in her strength and ability and too impatient to teach because she found it so easy to do things herself, unconsciously caused the very incompetence she deplored. We have some nursing organizations in which an analogous situation seems to exist. Just as the mothers described found it easier to do than to teach, so do we find little circles of executives going on year after year, carrying the whole responsibility because they are unwilling or afraid to delegate their authority and thus fail to develop new workers. It is these groups who most deplore the tendency of the rising generation to avoid responsibility. Of course they will avoid responsibility if the load is not gradually adjusted to their shoulders. Few, indeed, are the people in any walk of life who have entered directly into large affairs.

They are not really competent who fail to build for the future. No organization is sound, whether it be an alumnae, a district or a state association, if it is dependent on one individual or little group of persons. It may be flattering to one's vanity to feel that an organization is dependent on one's efforts, but such a condition indicates weak executive ability. Let us give our young graduates the widest possible opportunity for developing qualities of leadership. It takes real courage to stand by

and allow mistakes to be made, but some lessons, which each generation has to learn for itself, seem to be learned only in this way.

"A city set upon a hill cannot be hid!" Our profession is rich in shining personalities that cannot be hid. Doubtless these gifted ones were born to lead, but even they have been dependent upon opportunity for the fullness of their development. It is only a half truth to say that leaders are born and not made. Only experience can fully develop the courage and vision, the open mindedness and critical judgment that characterize the true leader.

Among our young nurses of today the administrators and leaders of tomorrow must inevitably be found. Give them a chance to develop their latent powers. Put them on committees, encourage them to have a voice in meetings by giving them something to report upon, give them a chance to grow by doing! By assuming the habit of power they will put themselves in the way of such tasks as will call their developing ability into action. Let those who are active today prove their competence by thoughtfully encouraging a generation whose initiative is unquestioned but which needs guiding into desirable channels. As Dr. Beard has happily phrased it, let us "cultivate the instinct of professional parentage" in this important aspect of our work. Sooner or later today's workers must lay down their tasks. Their achievements will most surely live after them if they build not only for, but with their possible successors.

GOING-UP DAYS

IN May we enjoyed the privilege of attending two unique ceremonies for nurses in the JOURNAL's home city. The Community Commencement for the classes of three schools was a brilliant and dignified occasion enjoyed by several thousand people.

While watching the lines of gleaming white-clad figures taking their place on the great stage and the blue-uniformed students filing into row upon row of seats below them, emotion caught one's throat at thus contemplating so much actual and potential nursing power. No finer expression could have been given the modern crusading spirit, a spirit which demands careful preparation before launching forth toward any definite objective.

The second event which was hardly comparable in size or importance, was planned wholly by the members of a class which had just completed the preliminary course. They called it their "Going-up Day" because they appeared before a group of admiring relatives and friends, in all the dignity of newly won caps, to be presented by their instructors to the director of the school as fully ready for the second stage of their nursing education. Their joy in work well done was celebrated in original song, address and prophesy, and through it all one caught again the crusading spirit, the zealous enthusiasm of those who are impelled to press forward toward a deeply desired goal. Our great philosopher, John Dewey, says "Happiness is found only in success; but success means succeeding, getting forward, moving in advance. It is an active process, not a passive outcome."

The great occasion and the little ceremony alike were eloquent of such happiness.

Many nurses, both student and graduate, are having unheralded "Going-up Days" at this season; those who were Juniors are now Intermediates, the Intermediates have become Seniors and the recent graduates are adjusting themselves to private duty or positions in hospitals and in public health work. With the beginning of the school year, many instructors and executives are assuming new responsibilities. For all we would say that these days are full of promise. Permit yourselves the satisfaction of evaluating your past achievements, turn your failures into assets by recognizing them frankly for what they are, and face forward eagerly and hopefully to the new objective. Your "Going-up Days" will then become milestones of your progress and your happiness.

PROGRAMMES

WITH the end of the vacation season and the stimulus of a tang of frost in the air, comes the annual resurgence of association activities. There is much discussion of programmes and hopes are high for a fruitful year.

The man in the street has a crude saying that seems applicable here: Do not depend on your wishbone for what your backbone should do. In other words, hopes alone are not productive, but hopes transmuted into clear cut programmes and executed by energetic, live minded, co-operative groups, will bear rich fruitage in professional advancement.

The initial responsibility rests with

the Programme Committee. Of the ever increasing subjects of interest, which will prove of most value this year? In the main this must be decided by local needs, but we believe every association will devote at least one programme to the report of the Committee on Nursing Education. Actual work along lines suggested by the report will be facilitated by thoughtful consideration of Miss Goldmark's detailed study from which the report was made; this will be in print shortly.

We cannot too soon familiarize ourselves with this unbiased study that is concerned with present conditions, not for the purpose of discrediting them, but in order that we may build solidly for the future.

The national health organizations have a wealth of material available for distribution for those who prepare papers. Many of them have speakers in the field who would gladly adjust their itineraries to meet your dates, if invited sufficiently in advance.

Our book reviews of the last year indicate some notable contributions to our professional literature. Institutional and public health nurses who, by the very nature of their work, are obliged to keep up to date on such books, could be of tremendous help to the private duty group by giving brief talks on some of these books, emphasizing both the strong and weak points. Private duty nurses are chary of adding to their libraries books of whose worth they are uncertain, knowing all too well the disadvantages to a nomad—even a high type one—of many impedimenta. The private duty nurses, on the other hand, could make a cultural contribu-

tion of no uncertain worth, to the other groups, for theirs is often the privilege of reading and discussing with able people the best of our current literature. Ten minutes so used at each meeting should prove stimulating and profitable.

Every delegate who heard Miss Sly at Seattle, is doubtless urging the formation of classes for drill in Parliamentary Procedure in both associations and training schools. True democracy demands such knowledge. It also gives self confidence to the diffident nurse who expresses her really worth while opinion to her cronies after the meeting instead of at the time it would be of most worth; i. e., when the question was before the house.

These are only a few suggestions—the field is inexhaustible and ripe for the gleaning of alert programme committees.

THREE INTERESTING COMMITTEES

THREE committees which should be specially alive are those on the Calendar, the Relief Fund, and the JOURNAL.

The Calendar Committee may be a new one and its activities are short-lived, only from now until Christmas. Its duties are to secure orders for the calendar to be issued at Christmas time by the National League of Nursing Education, through its headquarters office, and to secure and deliver the calendars. The calendar will be of practical use with its clear figures, as was the case last year, and it will present the portraits and sketches of twelve nurse educators, women we should all know about. The names of these twelve women will be secured by

a vote of seventy nurses in various parts of the country, so that we are assured a representative group.

The Relief Fund Committee should make itself well informed regarding the work of the Fund and should have something of interest to state regarding the Fund at each meeting. It should keep posted on just what is being done for the Relief Fund by the State Association of which it is a part, how near it came to its quota of 100 per cent last year, how many nurses from the state have been or are being helped. It should supply itself with the little Relief Fund leaflets which may be obtained from the secretary of the American Nurses' Association, and it should make sure that at the end of the year a subscription has been turned in to the State chairman amounting to \$1 per member. It is much better if each member really gives her own share, but if this is not possible, others may wish to help those who cannot contribute, or some entertainment may be given to make up the amount.

Almost every district and alumnae association has a Publication Committee, one of whose duties it is to send news and announcements to the JOURNAL and to secure subscriptions. This committee should be active, not passive. It should try, if possible, to have a discussion of the current number of the JOURNAL made a part of each month's programme, ten minutes being given to a resume by one member of the most important items. It should send to the JOURNAL all important news from the association, and should secure from the JOURNAL, subscription blanks, so that members may be ready at each meeting to take and forward subscrip-

tions. The JOURNAL office will gladly check up any membership list, showing just which members are subscribers, if some alert committee wishes to make a personal canvass. Sample copies of the JOURNAL will always be furnished to such volunteer agents.

Let us push "our JOURNAL" as never before.

FRAUDULENT AGENTS

OVER and over again we have warned our readers about subscribing for the JOURNAL through unknown persons, but no month goes by without some nurses, somehow, somewhere, being deluded into renewing at one-third off (an utterly impossible rebate!), subscribing through an agent who appealingly purports to be working his way through College, but who has nothing from the JOURNAL to show, or some other fraud. We wish every student, during her training, could become familiar with the green slips and stationary that make the JOURNAL's mail so distinctive. Perhaps fewer graduates would then be misled. Many states have been afflicted with these pests. The most recent complaints have come from Arizona, Indiana and Michigan but, by the time this magazine is off the press, the agile workers will have sought new pastures. Hence this warning.

If our busy and preoccupied readers would only stop to think, they would realize how impossible it is for any agent to be more generous than we are, for the margin between the cost and the selling price of the JOURNAL is exceedingly small.

We can warn those who already

subscribe. Unfortunately, we have no means of warning *prospective* subscribers. The associations, especially the alumnae and district associations could protect their own members by making the JOURNAL, its value and the cost of a subscription, so widely known that there can be no possibility of unauthorized persons creeping in unawares. No nurse can afford to be fleeced out of all or part of the cost of a subscription. Our subscribers are urged to give the widest possible publicity to this warning by urging nurses to subscribe and to renew through nursing channels or through well known and established magazine agencies.

DELANO NURSES

AN appointment as a Delano Nurse is at once a distinction and a sacred trust implying sound preparation and ampleness of spirit. The first nurses to be so honored under the terms of Miss Delano's will, Stella M. Fuller and Bertha R. Steeves, have just received their appointments as announced in the Red Cross Department of this JOURNAL. Both nurses have a background of rich and varied experience in teaching and in public health work. These "missioners of health" are splendidly qualified and will have the privilege of building into the very lives of the people they serve, something of the spirit of the great woman whose name they bear and whose vision and sympathy with those who dwell in isolated places is making this health work possible.

In establishing this memorial to her parents, Jane A. Delano perpetuated something of her own ideals of nursing.

May successive generations of Delano nurses carry with them the lofty ideals and consecrated spirit of service that characterize the first appointees.

HOW DOES YOUR STATE STAND?

IT is the ambition of the editors to serve *all* nurses, but even a superficial examination of our files indicates that not all nurses are granting us that privilege. Many of our subscribers are registered but we have many faithful friends who are not. A highly gratifying number of JOURNALS go to married nurses. The division of foreign subscriptions reads like a romance, for we have friends in all the corners of the earth where nurses have penetrated.

A comparison of the number of JOURNALS going to each state as compared with the number of members of the American Nurses' Association, has proved most interesting. Turn to the table in this *Journal* and find out how your state stands. If you happen to live in a state with a large and active nursing population you may be surprised to find that it is not your state, but Oklahoma, that stands at the top by having most subscribers in proportion to its members. Some of the other Southern states have made splendid records and they are not resting on their laurels—their percentages are still going up! Where does your state stand?

Printed copies of The Report of the Committee on Nursing Education, made by Josephine Goldmark under the direction of the Rockefeller Foundation, can be secured from the office of the National League of Nursing Education, 370 Seventh Avenue, New York City,—price 15 cents per copy.

DEPARTMENT OF NURSING EDUCATION¹

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE MODERN EDUCATION OF WOMEN FOR THE PROFESSION OF NURSING

By RICHARD OLDING BRAND, M.D.

University of Minnesota, Minneapolis

WOMEN of the great nursing organizations of the country and guests: I want to say to you before I begin my formal address that if there is anything which your kind welcome suggests in the part that I have been able to play in the promotion of nursing education, I trace the influences upon which that part depends to two women of your profession, and those two women, Adelaide Nutting and Isabel Hampton Robb.

I am under some embarrassment in addressing you this afternoon, and for two reasons. First, I was given to understand, when the invitation to give this address came to me, that I was to address a section of the lay public, which I understand to be present, as well as the members of your organizations; and that puts me to the necessity of saying some things which to many of you, among those members, must seem trite, and with which I know you all heartily agree. And I shall ask your indulgence in the repetition of those things which you have so often heard, for the good of the cause in which the public must be interested.

If there are any amongst the members of your organization who do not fully appreciate the truth as it is in nursing today, I cherish the hope that

when we shall have got through with the exercises of this afternoon, with their wonderful illumination, so far, of the problems that present themselves to you, you will at least be brought over to the great majority of your profession in your appreciation and sympathy for these things. And if not, I would not be discouraged; for though some of us may pass on, I feel as sure as that the great sun will go down tonight in the golden west, the time will come when you will know and you will believe.

Another reason for my embarrassment is the fact that my address does not correspond to the title under which it is announced on your programme. I had been given to understand that I was to discuss the whole problem of nursing education, particularly for the sake of enlisting the co-operation of the public; and I do not believe that this can be done without taking the public very fully into our confidence. That has always seemed to me to be an absolute essential thing in attempting to secure public support. Our whole problem needs to be put before the public, and if there is any criticism I should care to make upon the nursing organizations in the past, it has been, I think, that they have not sufficiently instructed the people.

Education means so many and so varying things in so many different minds. It is sometimes easier to say what it is not, rather than what it is.

¹ Read at the Wednesday afternoon session of the convention in Seattle.

If we are to determine, then, the part it plays or ought to play in the evolution of the profession of nursing it may be well for us to ask ourselves certain major questions and to apply the answers to them to present conditions.

1. What are the general purposes of education as a basic influence in human life?
2. What are the specific purposes of education as applied to the given profession?
3. What are the tests by which the evolution of a profession, as the product of education, may be determined?

1. Perhaps the primary purpose of education is to assist the individual in the realization of himself,—in the expression of his own individuality. It is a phase of education easily carried too far and resulting in an extreme of self-consciousness. Almost coincident with this object, and serving as a counter-check to its possible over-indulgence, is the purpose to promote the social consciousness of the individual as a member of a group, be it, in turn, the family, the school, or the community; in a word, to develop the embryo of good citizenship. It is a phase seldom carried far enough. Succeeding to this attempt to relate the individual to the social conditions of his life, comes in the quite definite purpose to fund within him a fair share of the knowledge,—of the intellectual possessions of his racial past,—to give him, as a result, the present racial starting-point of mental growth. Following closely upon this period of acquisition, obtains the purpose to apply knowledge to use,—fundamentally to the uses of his own

cultural development, to the functional exercise of his capacity to think, and eventually to the uses of the specific part he is to play in human affairs. Finally, we may recognize as the ultimate purpose of education the extension of the reasoning powers of the individual to his social relations, to an understanding of the intricate warp and woof of human society into which he is so mysteriously woven.

Out of that understanding grows sympathy. Youth is proverbially selfish only because it does not understand. It is only by the understanding of social relationship that we achieve a kinetic sympathy with our fellows. It is only through the knowledge of the brother we have seen that we appreciate the call of the great brotherhood of men, and come to some consciousness of the God and Father of us all. Only by the widening of the horizon of social relationship, only by a sense of the continuity of social history, does the human mind project itself into the infinities of the past and the infinities of the Great Forever.

If this be an adequate, though a concise review of the general purposes of education, can we find anything, either in its process or its results, that a member of the profession of nursing does not need? Is there any calling, entrusted with the responsibilities of hers, that has any greater need? Can you not see in her educational necessities something beyond the minimal requirements for entrance to a school of nursing? Is there not fair argument for the promotion of the recently projected courses, for nursing students, in Arts and Nursing? Is there any limit to be put upon the culture she may attain?

Is it not true that in direct ratio to the degree of her education is her capacity to participate in the solution of the present problems that perplex the leaders, the thinking women, of her profession? Why, because she is to serve as a nurse, should she be denied the intellectual heritage of her age? What is there in the kind of work she does that should limit her power and privilege to think? Does not her service demand of her the best that education may bestow?

And yet we hear so frequently, and I grieve to say more often than not from the lips of medical men, the complaint of the over-educated nurse. Who are we to question her birthright of education in a free land? Did any one ever hear of an over-educated physician? Dr. William H. Welch, of Johns Hopkins University, is the distinguished corroborator of the view that the nurse cannot be over-educated; that had she all the education of the doctor she would have none too much. In the address which I had the honor to make before the joint session of your national bodies in 1910, the date of the organization of the University School of Nursing, I stated this now reiterated truth, that no aspirant for nursing can be too educated, too wise, or too good.

Is it not true, further, that the faults which our associated profession and sometimes the clientele of the nurse find in her, in so far as these faults are justly found,—and truly I say that some of them are conspicuously just,—are faults due to a want of sufficient breadth, faults that suggest the partially developed mind and the half emancipated soul? Friend of the nursing profession, lover of nurses, appre-

ciative of them, as a wonderful body of social workers, as I am,—I am constrained nevertheless to that honesty, to that sometimes brutal frankness, by which the teacher of the truth, as he sees it, must abide. The nurses I have known who have betrayed limitations, narrowness and self-seeking are under-educated women.

2. What are the specific purposes of education in the evolution of the profession of nursing? The reply to the question,—a very difficult one,—depends a good deal upon the present phase in the development of the profession to which specific education is to be applied. Had I faced the question ten or twenty years ago, the forthcoming answer might have been an altogether different one than we must find for it today. I might not have had the clarity of vision to see into the future of your calling. I might not have sensed the signs of coming change which were even then discernible and which now we look back upon as the faltering first steps in its later onrush towards its present goal. The profession of nursing is a vastly different thing now than it was then. And perhaps the major troubles you are having today are chargeable to the fact that neither the medical profession, as a whole, nor the people at large recognize this difference. They are thinking about nursing still in terms of the recent past. There is nothing strange about that. Civilized man dislikes change. He shuts his eyes to progress like a child shutting out the dark. Twilight lings ahead of, as well as behind, most of us. We love the smoothness of the trodden ways. Not very many of us like to blaze a new trail.

Yet there is nothing to be found anywhere in the history of any profession that is at all comparable to the sunburst opening of the gates of opportunity that has so suddenly lifted the horizon of your present days. You have not swung those gates of opportunity open for yourselves, though you may have predetermined your fitness or unfitness to enter in. They have been swung by time and occasion, by experiences which have stirred in the American people an appreciation of its health needs; and the event has found your profession, for the most part, unprepared to meet it. Think, for a moment, of what their opening means, by way of opportunity, to you and to the human world in which you live and work. Before the war, but a few master minds, among men and women, had projected themselves into the possibilities of human betterment. Social agencies had been more or less feebly formed and had gropingly felt their way to the relief and prevention of existing ills; but they had found the social mind inert to the inadequate stimulus of interest in those prosperous days.

Much money and untold units of human energy had been expended in promoting the development, in studying the nutrition of dairy and beef cattle, of hogs, of poultry, and of crops for their feeding; and it all stood for financial gain; the golden image was the chief object of American, as it was of Israelitish idolatry. Lamentably little, often less than nothing, had been done toward the making of better human beings. The idea of bigness possessed us, bigness of wealth and population, the worship of the mere mass. We needed the iron test of human quality

and we got it. We needed to apply the criterion of capacity and we were compelled to it. We needed to measure fitness against force and history has recorded the result.

The unthought of, the well-nigh unthinkable experiences of the Great World War served to stab the consciousness of the American people broad awake to the value of the human health it had so long disregarded. They put before it inescapable evidence of the physical deterioration its rising generations had already suffered. They provided the necessary maximal stimulus to public health activity and it has operated in a score of differing directions to co-relational results.

And the significant fact about it, so far as you are concerned, is this: that today, in the service of these multiplied, coordinated and constantly extending activities, the nurse stands forth as their major instrument. The wealth of her opportunity is beyond measure; in this largely living present, her path to life,—more life, and fuller life,—is free.

Infant and child welfare work, public school hygiene, visiting nursing service, medical social service, rural community nursing, industrial nursing, superadded to her former field of private duty and hospital nursing, all invite her in. The demand of these new activities is for the graduate nurse, *plus*,—the super-educated nurse,—and but few of her are to be found. Nothing has served so pointedly to reveal the inadequacy of nursing education, to suggest the need of larger and more specific preparation for her work.

Graduate nurses have courageously tried to meet the emergency. None are so conscious as they of their own

limitations. Many of them are seeking reinforcement of their training in public health courses.

The National Organization for Public Health Nursing and the American Red Cross have done noble service in the selection of women best prepared for higher education, in the promotion of University public health teaching, and in the further kindling of an instructed public interest. Many of us are appalled by the news of the introduction into the House of Delegates of the American Medical Association, at its recent annual meeting, of resolutions calling upon the American Red Cross to abandon its peace programme of public health activities. The plea that its agency serves to check popular initiative and to lessen communal responsibility is unenlightened of the facts of its actual influence in the cultivation of public interest and cooperation. The suggestion that politics enters into these activities is specious. It enters into all our professional organizations and it is only a question of keeping the politics clean. Scarcely could any professional body propose an embargo upon progress in preventive medicine that would prove it more purblind to the public good. The voice of the country should be heard in immediate denial of this demand.

Certain it is that the public health peace programme of the American people will not be halted. Equally certain it is that the people need the stimulus and the guidance of so soundly instructed and so safely instructional an organization as the American Red Cross.

This proposed action upon the part of the American Medical Association is

the more to be regretted because the present need of a better understanding and a closer cooperation between the several agencies of preventive and curative medicine, between the professions of medicine and nursing and the public health bodies of the country, is very great.

Another influence which bears strongly upon the specific educational needs of the profession of nursing is the continually extending specialization of the science of medicine, carrying with it the higher specialization of nursing. There is a definite place, at the present time, for the pre-natal and obstetrical nurse, the pediatric nurse, the surgical nurse, the orthopedic nurse, the psychopathic nurse, as, with the development of the new mechanisms of medical practice, there is a call for the special hospital nurse, the office nurse and, especially, the group clinic nurse.

New things cannot come to pass without some of the old things passing away. Readjustment of new duties to new occasions is everywhere the order of the day and nowhere more so than in the preparation of the nurse alike for private and public service. The problems of nursing education have become imminent. They can no longer be considered solely in the light of the hospital's needs. Those economic needs must be conserved. In trying to build up one institution we must not pull down another. The efficiency of the hospital, as the ideal home of the sick, is too indispensable to the welfare of society to be imperilled. Its nursing service must be protected and improved; but no longer may the hospital or the hospital administrator dictate the conditions of the training of the nurse.

Nursing education must be considered for its own sake and I know of no way in which this may be so effectively done as by the University control of the school of nursing and of the nursing service of the teaching hospital. I know of no way by which nursing education may be standardized, by which undergraduate instruction may be correlated with graduate study, by which the science-teaching of the nursing student may be fitly conducted; by which courses may be so suitably graded, by which a complete and well-rounded training of the nurse may be uniformly secured; by which more broadly the foundations of nursing education may be built upon its efficient base,—save by an organic relationship in this educational field between the Universities and the major hospitals of the country.

For the future fitting education of the nurse there is growing need of a better quality, a better proportioned quantity, and a better ordered system of instruction than has been common in her educational past. This is equally true for the undergraduate, the graduate and the super-graduate nurse alike. While the majority of graduate nurses remain in private or hospital duty, and I am inclined to think it is a ripening experience that for a time is essential to every nurse, yet it is equally essential today that we should think of the graduate nurse as potentially the public health nurse or the institutional nurse in the making. Given the pre-requisite of fitness, we may not bar any from the invitation of her age to "go up higher."

And now to go briefly into detail: More broadly, more efficiently must the foundational sciences of anatomy, physiology, bacteriology and immunity, as

applied to the human subject; of chemistry and pharmacology, as inclusive of all phases of disease prevention and cure, be taught to the student of nursing. Instruction in these fundamental sciences cannot be fitly given in the intervals of hospital training; it cannot be fitly given by any other than the expert teacher in each study. The ridiculous vaudeville of teaching, common in the public school grades, should no longer be imitated in schools of nursing. These foundational subjects should be assigned to a preliminary course period, during which the student's mind may be concentrated mainly upon science study and her fitness for nursing tested by her adaptability to that study. They should be taught in the science departments of college or university, where alone expert teachers of them, may be found. So taught they will have their full value as cultural and humanizing studies, creative of a substratum of interest in the human subject with whom the student is presently to be concerned.

Very naturally this question has a bearing upon the consideration of courses in nursing education, planned for the education of nurses to be teachers of nursing principally in hospital schools. These courses need revision to bring them up to University requirements. They should have certain definite objectives:

1. To give the prospective teacher a thorough knowledge, psychologically and sociologically, of the human being she is to teach.

2. To cultivate in her the gift of communicability, of approach to the student mind, of appeal to the varying human nature of her pupils.

3. To train her in methods of instruction and in the instructional use of the materials of teaching.

4. To adapt her knowledge of method and material to the teaching of those subjects in nursing education in which she is properly expert. These should not include the sciences, fundamental in medicine and nursing, unless, indeed, she is of academic, biologic and medical training,—in a word, unless she has the acquired background of an expert in any given science. And not even the expert in any one of these major subjects undertakes to teach in any other than his own adopted field. The vaudeville science teacher is the *reductio ad absurdum* of nursing education.

Practical nursing, history and ethics of nursing, personal hygiene, hospital economics and administration, are the general subjects in which the nurse, as a teacher, is preeminently the expert; while in the specialties of medicine, there are nursing specialists of teaching power equal to that of the clinician.

Equally is it true that the undergraduate courses in schools of nursing, which are commonly interwoven with the training of the nurse in the technique of nursing, should be given by the expert teacher, and this means the specialist in each subject. It is just as absurd to expect the general practitioner of medicine, *rare avis* and growing rarer, as he is today, to fitly teach the principles of nursing in medicine, surgery, obstetrics, and the several specialties, as it is to employ the teaching nurse to teach the fundamental sciences. With us, all such clinical teachers are assigned to their task by the heads of the faculty departments concerned, and

it is not uncommon for the chief to share the duty himself as a matter of choice.

The graduate nurses who have charge of departmental wards or hospital floors, and who undertake the teaching of student nurses, should be a group carefully selected for their teaching power. In the University school, they have faculty rank. Under our University system, such an instructor attends, with the classes, all lectures in the theory of nursing given by the medical faculty in each departmental subject, and after each lecture she conducts a nursing clinic in the wards, in demonstration of the methods of treatment the lecturer has laid down.

In addition to these practical demonstrations, senior nursing students on the wards attend daily and general rounds, with the medical students, internes and staff.

The study of the technique of nursing, carefully graded in each service, and arranged for in progressive services, should give the student a practical experience both varied and complete. In hospital schools incapable of covering the whole technique of nursing education, the three-year course is too long. It may the better serve the economic needs of the hospital, but it does not serve the educational needs of the pupil-nurse. There is an essential difference between training and education. I wish that we might abandon the term training school. It is the analogue of the trade school. A too repetitional training in technique narrows the nurse,—sharpens her to the point of a mere instrument; while a well-ordered, systematized education develops mental breadth and posits the capacity to think.

In a three-year graded course in the technique of nursing there is ample time to add to the major services in medicine, surgery, pediatrics and obstetrics, to the clinics of the operating and dressing rooms, to the drill of the diet kitchen, the whole series of special services in the care of the newborn, in gynecology, ophthalmology and otolaryngology, genito-urinary diseases, orthopedics, contagious diseases, tuberculosis, alike in hospital and sanatorium, with attendance upon the dispensary clinics and in the hospital emergency wards.

Such a course should offer the student a certain choice of electives, to which, under a limit of numbers, she may be admitted. Among these may be included nursing in the dental clinic, the pre-natal clinic, and the psychopathic clinic; a period of study in the medical social service department, and a fundamental course in the principles of public health nursing, or in the administrative control of ward, floor, or institutional services.

Students should have the advantage of contact with all sorts and conditions

of men, women and children,—an advantage to be attained only in the successive nursing of the indigent, the *per diem* patient and the private patient.

It goes without saying that such a course in the technique of nursing is attainable only in the University, with its attached teaching hospital, or in the strictly major hospital school. While the migration of students from one institution to another has merit as a device for making up, in a measure, the deficiencies of education in either, it is the merit only of compromise with existing conditions.

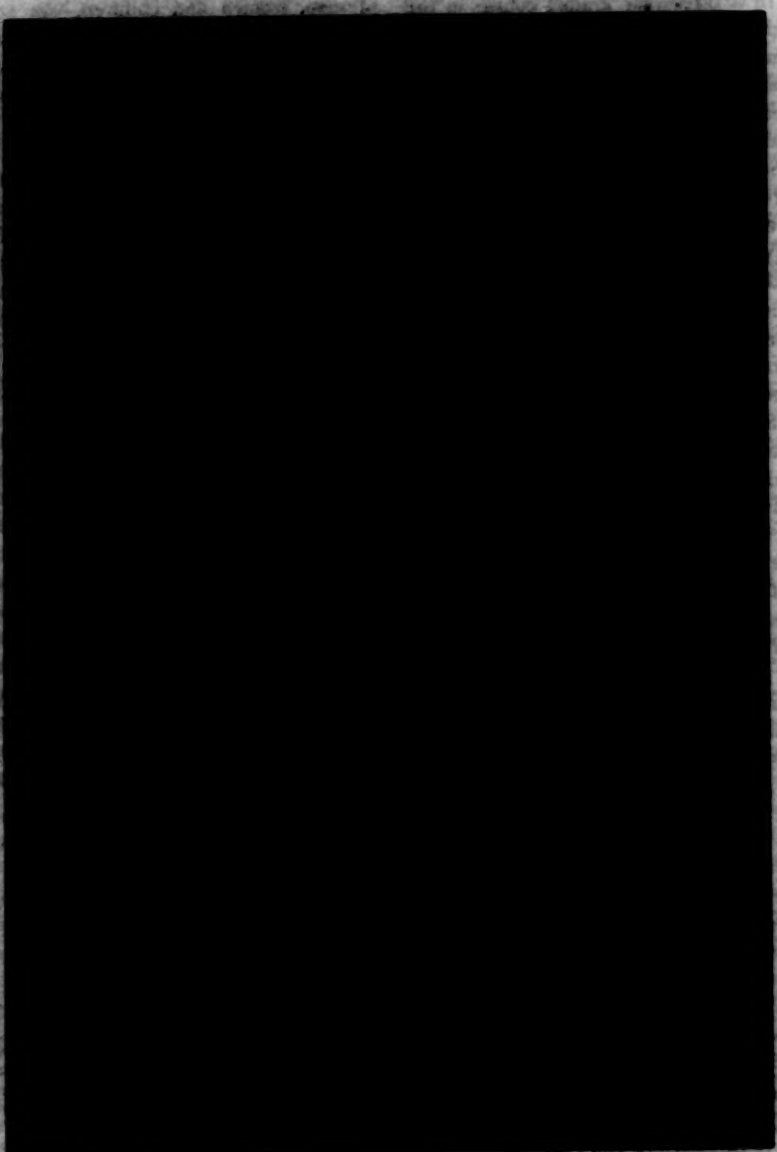
A sterling quality of the University School of Nursing lies in the added dignity, the larger privilege, the better discipline of the student. She stands upon a par with all other University registrants; she shares in all the social activities and agencies of the Campus; she comes under student government, which means a relaxation of the old martinet discipline of the training schools, a fuller measure of individual freedom, with a higher sense of responsibility for her own conduct and that of others.

(To be continued)

WHO'S WHO IN THE NURSING WORLD

XIV. MARY CURTIS WHEELER

BIRTHPLACE: Brooklyn, N. Y. **PARENTAGE:** American. **PRELIMINARY EDUCATION:** Grade school, New York City; country schools, Wisconsin; high school, Ripon, Wis. **COLLEGE:** Ripon College, 1890; B.A., 1920. **PROFESSIONAL EDUCATION:** Illinois Training School for Nurses, Chicago, 1893; medical direction, Ann Arbor, Mich.; Hospital Economics Course, Teachers College, 1904. **POSITIONS HELD:** Superintendent Sherman Hospital, Elgin, Ill., 1893-1899; Superintendent Blumig Hospital, Quincy, Ill., 1899-1910; Secretary Illinois State Board of Nurse Examiners, 1911-1913; Superintendent Illinois Training School for Nurses, 1913 to the present time. **OFFICES HELD:** President National League of Nursing Education, 1911-1913; Director National League of Nursing Education; Director American Nurses' Association; President Illinois Training School Alumnae Association. **AUTHOR OF:** Nursing Technic. **PRESENT ADDRESS:** Illinois Training School for Nurses, 509 South Honore St., Chicago.



MARY C. WHEELER, R.N., B.A.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

THE DELANO RED CROSS NURSES

ANNOUNCEMENT by the special committee on the Delano Nurse Memorial of the American Red Cross of the selection of the first two "Delano Red Cross Nurses," brings the materialization of one of the life-long dreams of the late Jane A. Delano. It was because of her conviction that public health nursing would be the means by which adverse conditions, physical and social would be so leavened as to effect a complete transformation of the life and outlook of peoples in the backwaters of civilization that she made provision in her will for the maintenance of such service in such localities. Stella Fuller, who has been chosen for the work in Alaska, and Bertha R. Steeven, who will serve the needs of the islanders off the coast of Maine, will be true pioneers of public health nursing, blazing new trails in virgin territory for the feet of those to whom they minister to follow in later years. To this end Miss Delano bequeathed \$25,000 to the American Red Cross, as a trust fund,

the principal of said fund to be kept intact perpetually, and the income arising therefrom to be used for the support of one or more visiting nurses under the supervision of that organization, in loving memory of my father and mother, such nurses to be known as the "Delano Red Cross Nurses."

Supplementary to this fund Miss Delano also provided that the income

of her textbook, "Home Hygiene and Care of the Sick," later revised and brought up to date by Anne Hervey Strong, be also applied to the support of these nurses. At the time the will was drawn Miss Delano had little conception of the amount of revenues that would accrue from the sale,—albeit moderately priced,—of this book which is the authorized textbook for one of the most popular courses of nursing instruction for laymen in the country. The fact that during the year 1920 there were awarded to pupils completing this course 92,093 certificates, while countless hundreds more received the instruction, but did not care to take the examinations, is an eloquent testimonial to the practical value of the course. Hence the income available for the support of Delano Red Cross Nurses is at the present time more than enough for the support of the "one or two" which were originally stipulated in the terms of the bequest. Moreover, the need today is as great for the type of nursing which Miss Delano envisioned as in those early years of her professional career when she came to close grips with life in the rough, in her capacity as nurse in the fields of the Copper Queen Mining Company, in Bisbee, Arizona. Here, sharing the same hardships and primitive conditions as those faced by the wives and children of the miners, Miss Delano truly approximated the importance in life of a knowledge

of simple nursing procedures, proper sanitation, and hygiene of home and community. Just such localities are still to be found throughout the United States today, notwithstanding the strides made within the past few years in public health nursing. In the black belt of the far south; in the tide-water lowlands of the same section; among the mountaineers of the Cumberland, and in remote islands, cut off by their isolation from the conveniences and professional services available to those on the mainland, are to be found scores of settlements where the Delano Red Cross Nurses will find a hearty welcome and intelligent co-operation. For many of these groups, notably the islanders off the coast of Maine, where Miss Steeves is to begin her service, and among the southern mountaineers, are of the best and purest American stock; sturdy, self-reliant, God-fearing and keen-brained. Only their native habitat, remote from the main thoroughfares of civilization and progress, denying them an equal chance with their more fortunate neighbors to obtain the best educational and cultural advantages.

A close-up of the country in which Miss Fuller will carry on her duties in Alaska is provided in the following extracts from the correspondence of Ebba Djupe, a public health nurse who is the field representative of the American Red Cross in Alaska:

Juneau, Alaska, July 9, 1922.

I am fast realizing that I am in harness.
 * * * It was found that the work can be given a small beginning in Kaka, (pronounce it "Cake"). I have as yet to learn what is the meaning of this kind of "Cake." To say that it is appetizing, after reading the statistics, would be putting it mildly in the eyes of a public health nurse.

Juneau, July 11.

I have been in Alaska less than a week and have just been seeing more things to do and what is needed to be done. I am so thrilled with the work as I see it now. I am most reluctant in going away from here. Wish I could be divided into eleven almas,—one for each chapter. Must hurry, as I am leaving this afternoon for two conferences, one with the school board, and one with Governor Bone. There are so many nurses, married and otherwise, that I think the next convention might easily be held in Alaska and there would be a full attendance. All the missing nurses who are enrolled and have not given an account of themselves are here and are married! They are the society of Alaska and their husbands hold the most prominent places in the government and business affairs. In brief, it is the style in Alaska to marry nurses. Some of the interesting tales which I have heard about the romances of nurses include that of Mrs. Karl Thell, who was Mary Coleman and who is enrolled in the Red Cross Nursing Service of the Northwestern Division. She has been in the Government service for seven years and came 700 miles over the cold and snow on dog sleds to marry Karl Thell, Secretary of Alaska. She is none the worse for her experience in the interior and told how it took her seventeen days to come. The cabins or road houses at which she stopped were anything but desirable for the ordinary wants of the highly developed tastes of Americans.

July 12.

I am writing this letter on the Steamer "Northwestern." Was called about two this morning. Had just fallen asleep, as I did not return from an entertainment until after midnight. Saw the most beautiful sunset about 10:30 p. m. It seemed about seven in the evening to me. I am told that people never go to bed in the summer, as it is too light. It is a beautiful dawn. The snow-capped mountains are reflected in the water, so tinted by the sunrise that they mirror all the colors of the rainbow. The captain just stopped at the deer and said that there was time enough to work any day, but that such scenery as this is not an everyday matter. I agree with him, but I am away behind on all my reports

as I had so little time in Juneau to do any writing. I am going to love it all, I know. * * * I know we can do so much Red Cross work. I am almost certain that Juneau will have a nurse before the year is over, as it seems that is the sentiment of those who have a knowledge of conditions. Dr. Devigue is a member of the school board and is keen for a public health nurse. He has convinced the school board and has been given the privilege of hiring one for an hour each day. His idea as to what she could do in one hour was vague, but he said it was a beginning. A school board meeting was called and this fund (\$300) will not be used until I return to Juneau, when a demonstration of school work will be given.

Writing to Miss Baldwin, Director of Instruction in Home Hygiene and Care of the Sick in the Pacific Division, under date of July 19, Miss Djupe states:

Your service is to have the honor of being the first service which will be given consideration since I have been in Alaska and it was only a piece of good luck that has started the ball rolling so soon. When the steamship stopped at the little fishing village of Kake, we observed an attractive young woman on the dock who just did not belong. We were told that there were only two white people in the village and when we asked if she were the teacher, she replied that she had come up for the summer with her husband during the gunning season. Later I was told that she was an ex-army nurse, also enrolled in the Red Cross Nursing Service. She was Bertha Nipper and is now married and is Mrs. Burt Reusse. She stated that they would remain in the village about two months. Kake is a village of 300 natives, no hospital facilities, no doctor or nurses except a native practical nurse who cares for people only when there is a confinement or acute illness. Mrs. Reusse stated that there was great need for education and teaching of hygiene. As I read the evening paper in Juneau, I found some interesting vital statistics which have a very interesting bearing on the situation as it really exists. Mrs. Reusse stated that she was most anxious to do something while in the village to assist these poor people and it was suggested to her

that she might teach the natives the modified course in Home Hygiene and Care of the Sick. She said that she would love to do that, especially as the midwife could be taught so much. Today I have talked with Mr. Berhends, Chairman of the Juneau Chapter, under whose jurisdiction the little village of Kake belongs. He expressed his approval and stated that he felt certain the other members of the board would voice the same sentiment.

RETENTION OF NEW YORK OFFICE

Some misunderstanding seems still to exist regarding the fact that notwithstanding the consolidation of the Lake and Atlantic Divisions of the American Red Cross into one Washington Division, with headquarters at Washington, D. C., office room is still to be maintained in New York City. For the present this office will be at 44 East 23rd Street, the former headquarters of the old Atlantic Division, but as an adjunct to National headquarters and largely for the convenience of the nursing service. New York's central position, not only as the largest city in America, but as a transportation junction and a metropolis where are concentrated almost all of the professional and industrial exchanges, makes it desirable for the Red Cross Nursing Service to keep a point of live contact in this city.

As previously explained, this office, with Florence M. Johnson acting as an assistant to the National Director, will serve as an outpost and quasi-clearing house where nursing personnel may report and where information and assistance may be obtained as to disabled nurses, their hospitalization, etc. Miss Johnson will strive to give to all the maximum of helpfulness and all nurses in the neighborhood of New York or passing through will always find a welcome in her office.

SCHOLARSHIPS OPEN TO RED CROSS EX-WAR NURSES

Announcement by Major Stimson, superintendent of the Army Nurse Corps, of the ruling that the LaVerne Noyes scholarships are open to ex-service women as well as to ex-service men will be of interest to such Red Cross Nurses as served in the Army or Navy Nurse Corps during the war. During his lifetime, LaVerne Noyes, a millionaire inventor of Illinois, gave to the University of Chicago a trust fund of \$2,500,000 to establish the LaVerne Noyes Foundation to assist soldiers and sailors who served during the World War and their descendants "who were without means" to secure a college education at that institution.

Mr. Noyes died in 1918. In his will he provided another trust fund as an expression of his gratitude and to reward those who ventured the supreme sacrifice of life for this country and for mankind in this war for the liberty of the world, and also to keep alive for generations to come the spirit of unselfish, patriotic devotion which these men displayed and without which no free government can long endure.

These scholarships were to be given in universities and colleges selected by the trustees. "Without regard to sex, race, religion or politics and be confined to citizens of the United States who served in the Army or Navy since April 6, 1917, and their descendants." Such scholarships have already been awarded in seventeen Illinois colleges, in three in Iowa, one in Ohio, and one in Massachusetts.

RETURNING PERSONNEL

In consonance with the Red Cross programme which henceforth will be al-

most entirely concentrated upon domestic operations, the nursing personnel in Europe has been steadily withdrawn. Since May 1 more than fifty of our nurses have been released from European service, the number remaining on duty on September 1, under the American Red Cross, being fifteen, with an additional nurse still on the Red Cross pay roll in the American Hospital in Constantinople. Six Red Cross nurses are still on duty in that institution. The same is true in the case of thirty Red Cross nurses assigned to the Near East Relief and five with the Serbian Child Welfare Association. In Greece, three have been taken over by the Grecian Patriotic League. Changes have also taken place in the personnel assigned to our Island Possessions. Elizabeth M. Wright returned to the United States from the Dominican Republic in July for an extended leave of absence. Mary E. Shaneman and Agnes E. Meyer, who were also assigned to that country, also returned during the summer. Anna Marie Hansberry returned from Haiti in August.

With the following exceptions, the nurses still on duty in Europe are retained for the purpose of supervising the work which has now been taken over by native personnel or who are connected with the schools of nursing. The exceptions include Mrs. Elsie H. Vaughan, who is acting as general director of nursing in the Baltic States, Poland and Czechoslovakia; Sophie C. Nelson, who fills a similar position with respect to the Balkans. Rachel Torrance is stationed in Czechoslovakia and Rose Schaub in Hungary.

(To be continued)

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

THE NORWEGIAN COUNCIL OF TRAINED NURSES¹

THE historical development of sick-nursing in Norway (2,649,775 inhabitants) is more or less similar to the development in other countries. We got our first training school when the Norwegian Institute of Nursing Sisters was established in 1868. It is planned after the pattern of the mother institute at Kaiserswerth. Miss Cathinka Guldberg was trained at Kaiserswerth and became Norway's first nursing sister.

In 1864 was established the Norwegian Red Cross Society, which in 1893 started its own school. Several private institutions and societies interested in philanthropic and social work took up sick-nursing on their programme. Of these the Norwegian Women's Health Association was founded in 1896 and opened a training school in 1898, while the Methodist Nursing Sisters' Home was established in 1898. These institutions followed the German model with the erection of small nursing homes, generally quite independent of and situated some distance from the teaching establishments, hospitals and clinics. In these homes the young girls came under such influences that they became willing and self-sacrificing workers in the field of sick-nursing. Religion and ethics were important subjects of instruction. Less importance was attached to the securing of good teaching materials, and the nurses themselves had little or no in-

fluence on the planning of the course of instruction. These homes and schools could not in the long run meet the demand for nurses, and in 1900 a couple of our large municipal infirmaries started schools, not out of interest for the nursing profession, but because the reform would help to secure cheap assistance and the instruction would render that assistance more serviceable and disciplined. The same practice was introduced as had been adopted by the institutions, namely, that of securing the pupils for several years, and the natural result was the development of the three-year school in these infirmaries, thanks to the influence of the head nurses, first at Bergen's municipal infirmaries in 1898 and a little later at Cristiania municipal infirmaries. For several years the sick-nurses were employed exclusively in the hospitals and a number of nursing sisters as parish nurses. The work of these latter consisted chiefly in helping the clergyman in his parish work and in looking after the poor. At present the sick-nurses, in addition to being employed in hospitals, sanatoriums, homes for consumptives, for the aged and for children, in district nursing and as private nurses, are also engaged in the social work which, in our country, is being greatly developed. In the social field their work is mainly in connection with the local Boards of Health, in the districts as visiting nurses, in the schools and in inspection in the different departments for

¹ Report read at the meeting of the International Council of Nurses, Copenhagen, May, 1922.

tuberculosis, epidemic and venereal diseases, house hygiene and care of children, unmarried mothers and infants, etc. In the municipal office for pensions to mothers and old people, the inspector and her assistants are trained nurses. The sick clubs (Sickness Insurance) have nurses at the policlinics and as visiting nurses. Some of the factories have nurses in their service and in the office of the Female Inspector of Factories the inspector's assistants are nurses. Moreover they are also working in private associations, such as the Society for the Care of Released Prisoners, etc.

The Norwegian Council of Trained Nurses, the national organization for trained nurses, was founded in 1912 by forty-four sick-nurses, representing the different groups and branches of the nursing profession. Its first president was the founder, Sister Bergliot Larssen. The Norwegian Council of Trained Nurses was formed in order that the nurses might combine to safeguard their profession and its rights, as well as to free it from the many parasites who were working as sick-nurses without having any training.

The objects of the Council are: (a) to form a rallying point for the Norwegian nursing profession and to secure a better combination amongst trained nurses; (b) to safeguard their economic and professional interests; (c) to work for the development of the nursing profession and for the improvement of sick nursing on the whole. The Norwegian Council of Trained Nurses at present numbers 1,150 ordinary members. The headquarters of the Council are in Christiania, but in every county the members form their local association, which again elects its county com-

mittee, with which the governing body must consult regarding the more important matters of interest.

The leadership of the whole organization lies in the hands of the governing body, consisting of seven members, whose task includes, in addition to the organizing and administrative leadership, also the admission of new members. The rules for admission are very strict. The applicant is furnished with a form to be filled up, which besides demanding information about the circumstances, education and examinations passed by the applicant before her training as a nurse began, also requires exhaustive details as to the individual applicant's development and works as a sick-nurse. Together with this form, duly filled up, the applicant must furnish a certificate that she has completed her training as a sick-nurse, as well as other recommendations. The governing body addresses inquiries regarding the applicant to the head nurses and doctors at the schools and subsequent places of work, and only after satisfactory replies have been obtained from these persons will admission to the association be granted and the nurse acquire the right to bear the badge of the Norwegian Council of Trained Nurses, after having signed the rules of the association. The badge is intended to be a proof of ability and of devotion to duty and irreproachable life. It goes without saying that, as regards training, the Norwegian Council of Trained Nurses was in past years obliged to have certain transitional regulations and the taking of supplementary training has been allowed. For admission as member there is now required three years' continuous training in a hospital, the

transitional, regulations having been abolished from 1922.

The training has been greatly influenced by the N.C.T.N. We act as a vigilant conscience for the schools and bearing in mind the proverb, "Continual dripping wears away stone," we have again and again repeated our demand: Three years' training in hospitals with sufficient teaching material and systematically planned instruction, both theoretical and practical, during these three years. The schemes for three years' training which we have made out are of great assistance to the schools when improvements are to be made or new schools established. At suitable intervals resolutions passed at the general meetings of the association are sent to the schools, and every time these resolutions appear we may count upon having a discussion started in the daily press in favor of the three-year school, because our opponents must always try to counteract the effects of our resolutions. Neither schools nor institutions have any great liking for our demands or for our control, and our influence is being contested more or less openly, but without success, as the following figures show: In 1912, of fourteen schools, only two were three-year schools; in 1920, there were eighteen schools, of which eight were three-year schools. In 1922, we have twenty-three schools, of which the seventeen largest are three-year schools. The others are very small and mainly aim at trying to train nurses for the country districts. These schools are also to a large extent kept alive by the harmful system adopted by some nursing societies in one or other of the country districts of paying for a young girl's training on the condition

that she binds herself to work for the society and district for several years. The small schools are the most expensive to maintain, and the Norwegian state sacrifices large sums in the form of annual grants. Even over these obstinate schools we have influence; they are now beginning to be more careful in the choice of material, and it is our hope that, owing to the small attendance and thanks to the fact that the public is becoming more and more awake to the advantages of a well-developed and highly-trained nursing profession, they must either become three-year schools or else die out.

State authorization has, of course, stood on N.C.T.N.'s programme since 1912, but we did not dare to come forward with a proposal until we had more three-year schools. We were working our way steadily forward, but we were obliged to take so many things into consideration, partly out of gratitude for the good work that many women and men had done for the cause of nursing and partly because many of our members belong to the different institutions and are in a position of dependence toward them. The Norwegian Medical Association forestalled us and appointed in 1915 a committee, consisting of representatives from the different schools. This committee was large and the nurses were in the minority. Everyone held firmly to his own views, seeing that the reforms would cause the schools much trouble. The committee was at once divided into two factions. Our demand for three years' training was admitted as regards the other branches of our work, for it could not well be rejected, but not for district nursing. The plans of the majority were to the

effect that there should be two kinds of schools: 1. Schools where nurses shall be trained for three years and obtain the title, authorized sick-nurses; 2. Schools where nurses shall be trained for one and one-half years and called officially examined sick-nurses. These latter should be more suitable for employment in country districts and more willing to do rough work.

The minority (the nurses) wished to have only one class of nurses and that authorization should be given only after three years' training in schools with sufficient training material. If this demand should not be carried through, it would be better to postpone the authorization. During the debate were heard the arguments and speeches for and against sufficient training, with which you are all acquainted. We hear once again the doctor's view and the clergyman's view. We have strong friends and strong enemies. This repeats itself in every country where the question comes up for discussion. In 1918 the storm raged fiercely on the question of authorization. The Norwegian Medical Association sent a resolution to the government, in which the government was requested to take the matter up. The Norwegian Council of Trained Nurses held a meeting of protest and demanded that the matter should be postponed until there was a clearer understanding of the work and training in sick nursing, and if a departmental committee should be appointed, that the professionally trained nurses should be strongly represented, and that regard should be paid to N.C.T.N.'s demand for training. At the same time the committee of the Norwegian National Council of Women sent to the government a warm recommenda-

tion of N.C.T.N.'s claim. From November, 1921, till now there has been a lively discussion in the daily press. If our opponents are to be enabled to continue their support of the two-class system for sick-nurses, they must hasten to get the authorization established, for they can well see that the ill-trained nurse is dying out, and the point is to keep her alive by artificial means with the aid of the authorization. She must be recognized by the state, for the nurses' organization will not do so. There has now been submitted to the Norwegian parliament a proposal for the preparation of a law regarding the training of sick-nurses. * * *

N.C.T.N.'s training committee is working on the question of training, and the members are leading nurses. The county associations have also each their representative. The committee has its attention directed to the need of more and better text-books, to plans for the guidance of the schools, to school material, in such reforms as preparatory schools, etc. It also makes recommendations as to the allotment of scholarships.

Repetition courses. In connection with our great general congresses, which are held in different places in Norway, courses of instruction are given. In these courses several hundred nurses take part. N.C.T.N. is fully aware of the necessity of special courses, especially for head nurses, teachers and nurses doing social service work, and the object aimed at is the High School of Nursing, whether it is to be established through co-operation between the Scandinavian lands or separately in each country. A number of nurses have taken part as pupils in the social

courses of the Norwegian National Council of Women.

N.C.T.N.'s engagement bureau arranges engagements for nurses throughout the whole country, both in private nursing and in permanent situations in hospitals, district nursing, during epidemics, etc. In 1919, the Lady Superintendent of the bureau was awarded the King's Gold Medal for Efficient Service. During the war the bureau made arrangements for the sending of nurses to Austria, England, and Finland. The bureau is managed by a committee, the members of which have had many years' experience and work in the different branches of sick nursing. The committee prepares medium-wage tariffs, makes suggestions as to the duties of the various positions in hospitals, sanatoriums, children's homes, district nursing, boards of health, private nursing, etc. Questions of service and all matters concerning the work are laid before this committee before a decision is come by the governing committee.

Amongst the other committees may be mentioned: the Housing Committee, the Working Committee for Co-operation amongst Nurses in the North, the Festival and Bazaar Committee.

Sykepleien (sick nursing) is the organ of the N.C.T.N. and of the nursing profession. It began at the same time as N.C.T.N. was founded in 1912.

N.C.T.N.'s Information Bureau has become a central point in the nursing profession. Young girls or their relatives seek written or oral advice and information about the best way of training, and consult the bureau regarding the appointment of nurses, the best way to arrange the work, improvement,

duties, salaries, etc. The local authorities, boards of health, etc., apply to the bureau regarding matters of interest for sick nursing and its development. Ordinary members seek advice as regards further training both at home and abroad.

N.C.T.N.'s passport for nurses who are members of N.C.T.N. and wish to work in other countries is a guarantee certificate written in Norwegian, English, French and German. These passports are signed both by the president and secretary and provided with the necessary stamps.

N.C.T.N. tries to exercise influence on the building and equipment, etc., of hospitals. When the building of a new hospital is announced, an application is sent to the proper quarter requesting that nurses shall be appointed on the building committee. This year resolutions will be sent to every local authority in the country requesting that in case of building or repairing of hospitals, homes for children and for the aged, etc., nurses shall not only be consulted, but shall be responsible members of the different building committees.

The Norwegian Council of Trained Nurses is a member of The Norwegian Council of Women, The Women's National Housing Council, and Co-operation of Nurses in the North.

METHOD FOR REMOVING ADHERENT SYRINGE PISTONS

Cool the syringe by placing it on ice for ten minutes, then warm the barrel over a small flame or in warm water. The barrel being the part first warmed, will expand first. A continuous pull on the piston before it becomes warmed and expands will invariably separate the piston from the barrel. The method is particularly effective with record syringes.—Abstracted from the *Journal of the American Medical Association*.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

National Organisation for Public Health Nursing

MODERN FACTS AND PHASES OF TUBERCULOSIS¹

BY DAVID ALEXANDER STEWART, M.D.

Medical Superintendent, Manitoba Sanatorium, Ninette, Manitoba

WHY should tuberculosis, any more than measles, or diabetes or anaemia or nephritis, be discussed in this convention of nurses? Ten years ago, or more, such a question might have been asked. At that time tuberculosis seemed to us a disease of the individual, as the others are; a disease of the lungs, bones, or intestines; a widespread, almost universal disease, but yet with individual pathology, individual etiology, individual treatment. Today tuberculosis seems to us not so much a disease of the individual as of the community; affecting not so much Smith, Jones and Brown, as Smithville, Jonestown and Brownburg; having a community pathology, a community etiology, and needing community diagnosis and community treatment. It is a seamy side of the complicated fabric we call our civilization.

It is discussed in this convention not so much that nurses may know more of the signs and symptoms, the pulse and temperature, the daily round and routine of a tuberculous patient; but chiefly that nurses, as forwardlooking workers for human betterment, should see more clearly, in its many aspects, this age-old community phenomenon, Tuberculosis.

Wastage of Life.—Of what wastage

of human life and strength can it be held guilty?

Tuberculosis has been compared with war, but the two are scarcely comparable. War is occasional and sporadic, but this pestilence is constant and universal. War observes armistice and truce and treaty, bringing peace between man and man; but down all the ages, there has been no release from this other war. While fifty thousand Canadians died nobly in a great cause overseas, fifty thousand Canadians died uselessly and wastefully of tuberculosis at home. Much the same was true in varying proportions of all allies and enemies in the Great War, and now, though the wastage of the war has almost stopped, the wastage of disease goes on. Truly if war has slain its thousands this Captain of the Men of Death has slain his hundreds of thousands.

In more favored communities, such as those of the western half of this continent, one death in twelve is from tuberculosis. In less favored communities, such as those of Central Europe, parts of South America, parts of India, the Philippines, or some sections of Canada and the United States, one death in every eight, one in every six, or even one in four, is from tuberculosis. Throughout the whole world, one grave of every eight graves is dug for a man

¹ Paper read at the convention in Seattle, June 28.

or woman or child who has died of this disease.

Moloch of an Imperfect Civilization.

—With incredible infatuation, early peoples, voluntarily, threw their children, especially their first-born, into the fiery arms of Moloch, the Sun God. We of this later age are compelled to offer up lives dear to us, as unholy and unavailing sacrifices to this Moloch of an imperfect civilization, tuberculosis. In favored communities, such as those of the western half of this continent, each thousand people, each year, thus gives up one life. In England and Wales each group of seven hundred and fifty must make such yearly sacrifice. In the United States, out of each seven hundred people, one such victim must be snatched. Among the negroes of the United States, one out of every group of two hundred and sixty is sacrificed, and, in some parts of India, from each little group of one hundred and forty people, one each year must be taken. Victims for this sacrifice are men and women, youths and maidens, children at the breast, and even the aged and life-weary; but chiefly men and women at the very zenith and meridian of life, at the very height of productiveness, usefulness, responsibility and enjoyment. Even in favored communities, one death in four, during mid-adult life is from tuberculosis, and in some less favored communities, even one in two, at this noon-day time.

Young Americans or Canadians, at the age of twenty-one, on the very threshold of their lives, may expect an average of forty-three and a half years of life; that is, they may expect to live to a little beyond sixty-four. If tuberculosis could be left out of the calcula-

tion, while all other elements remained the same, they could expect, at twenty-one, not forty-three and a half years of life, but forty-six; could expect to live not to sixty-four only, but to sixty-seven. Beyond twenty-one, then, the average of life is shortened two and a half years by tuberculosis. One thousand young people in an average community lose two thousand five hundred years of life and work from this cause. Fifty-seven average life periods are lost, out of each one thousand. Truly this is a destruction that wasteth at noon-day.

Not the killed only, but the wounded also.—And this is not all of the toll it levies. The bodies that lie buried on the battle fields are not the whole wastage of war. There are the wounded and the maimed as well, whose life flows on, but in feebler streams to the end. Tuberculosis not only kills, but maims. Three cripples out of every four, apart from accident or war, are deformed by its ravages. And there are those as well in countless thousands who are crippled not in limb, but in life itself, in health, vigor, usefulness, enjoyment. Life has breadth and depth as well as length, and of all those whose lives are narrowed and enfeebled by any physical agency, one third, perhaps, to make the estimate low, are crippled by this one disease. To countless thousands, their life-long handicap, their perpetual menace, the skeleton at their feasting, the sombre background, giving a cast of tragedy to the whole of life, is tuberculosis.

The wastage of tuberculosis, as the wastage of war, can be told not in deaths only, but in dollars. Impaired efficiency as symptoms develop, long

periods of illness when work cannot be done and when care is needed, life cut off in mid-career, disorganization and disarrangement in families and communities, all go to make up an economic loss greater than that of war, and spent to no purpose, but wasted wholly. If all the economic leaks and wastages due to weakening, disease and death from tuberculosis were stopped, the savings effected, if they could be so applied, would pay the stupendous war debts of the whole world in two generations.

Lying Latent.—Beyond deaths and crippling and money loss, tuberculosis, like the law, hath yet another hold upon us. It lies latent, ready to be stirred into activity, in practically the whole human family at mid-life or beyond, and in varying proportions in the earlier years.

In the crowded cities of old lands the tuberculin test shows latent disease in twenty per cent of children at the age of two, and in nearly ninety per cent at fifteen. In Framingham, Mass., about half the children were infected at seven. Even in the western Canadian prairie province of Saskatchewan a particularly good survey made last year, covering one per cent of the children of the province, showed forty-four per cent infected at six, and sixty-one per cent at fourteen. Of two hundred and twenty-six young adults in training as teachers, seventy-six per cent, by reacting to tuberculin, showed latent tuberculosis. Compared with this seventy-six per cent infection by tuberculosis, only fifty-four per cent gave a history of measles. Forty per cent more had met with tuberculosis than with measles. I have little doubt that in this city and

in this audience, or in almost any other city or any other audience, more have been infected by tuberculosis than by measles, and as many by tuberculosis as by influenza. Six per cent of the young adults had a history of pleurisy, and of all examined, the children and the young adults, about one per cent were found to have disease that could be called active.

More and more we think of tuberculosis as a universal disease; universal not only in the sense that it is found in all countries, among all classes, and under all conditions, but universal in a wider sense in that it becomes implanted at some time and to some degree in practically every individual. Childhood is the usual time of implantation, the seed time; adult life is usually the time of breakdown, the harvest. There are probably few children at the age of leaving school who have entirely escaped tuberculosis infection, and few adults, if any, in whom the seeds and roots are not lying latent.

Activity.—What are the results in actual disease, of this almost universal infection?

Of ten thus infected, seven will pass through life without noticeable illness or handicap; two will have evident disease, but will recover with some handicap; one will have gross disease and will not recover. Tuberculosis is one of the oldest and worst of the noxious weeds growing in human soil. It is seeded and rooted everywhere. The whole world over, it chokes out the human life-crop and kills it, in one field out of every eight or ten. Besides this, it cuts down the yield in work and happiness, very much in many fields, and a little in almost all.

It does seem strange, does it not, that even yet nurses are sent out, and indeed doctors also, presumed to have training in the care of the sick, with no practical knowledge, and very little theoretical knowledge, of a disease which kills in more favored countries one citizen in ten, and in less favored countries one in four, which weakens many others, lies latent in practically the whole population, and so hovers as a menace behind all ills and ailments, weaknesses and accidents?

The Seed.—What are the causes of this phenomenon, widespread throughout the world, taking toll in all races and of all ages?

I have said that tuberculosis is a noxious weed in human soil. Roughly, weeds have two causes. They grow from seeds, and if there are no seeds there will be no weeds. But a soil is needed as well, and this is given them by bad farming, and denied them by good farming. A farm well tilled brings forth good grain, some forty, some sixty, and some an hundred fold. A farm badly tilled grows up rank with weeds which choke out the good grain. So, the causes of tuberculosis are two: first, seeds,—germs, bacilli of tuberculosis; second, bad human husbandry,—bad living, bad environment.

Tuberculosis seeds are chiefly of two kinds, the human and the bovine. Bovine infection comes chiefly from milk, not necessarily milk from a tuberculous cow. It may be milk soiled in a stable in which there are tuberculous cows. In some cities one sample of milk in fifteen or twenty show bacilli. It infects children, chiefly, and manifests itself usually in bone, joint and gland disease, peritonitis, etc. In Eng-

land it accounts for about one-fourth to one-half of all tuberculous disease and six per cent of tuberculosis deaths. There is, perhaps, a silver lining to the cloud in that the milder bovine infection may serve as a vaccination against the more virulent human infection. But that should not for one moment relieve the sentence passed upon the tuberculous cow.

The human tubercle bacillus leaves the body chiefly by mouth or intestine. The careless uncovered cough or sneeze, the careless expectoration, contaminated fingers, perhaps diahea, also, are the chief means of spread. I believe the spread from those who know they have the disease is inconsiderable, and that the chief spread is from those who do not know they carry infection. So we must not only keep after the known tuberculous cougher and sneezer and spitter; but chiefly after average, ordinary, and everyday cougher and sneezer and spitter, the average and ordinary dirty person.

It's about time that civilization stopped careless spitting. It will be stopped, not by the force of law, but by the greater force of imagination. Get people to picture what really happens. The foul excretions from Mr. Careless Spitter's diseased respiratory tract, deposited on Main Street sidewalk at three p. m., are tramped into a west end apartment at four, gathered up from an otherwise clean floor by the pink hand of a crawling baby at five, and have implanted a life-long disease in the body of the little child before six. Of all common carriers, the commonest is the shoe sole. Spitting will go when people use their imaginations, and cultivate a new and a strong disgust at

contamination from any bodily excretions.

Infection.—But while tuberculosis is a germ disease, well-informed nurses know, and all nurses ought to know, that it is in a class quite by itself. It is so infectious and so widespread that we can't grow up without infection, and once infected, once carrying a latent and invisible focus, we are not very infectable. Re-infection and super-infection are possible, as second attacks of measles are possible, but they are likewise rare. Re-infection likely takes place, if at all, only under very unfavorable conditions.

Once in a very long time a nurse does ask as to the danger of nursing tuberculous cases. Fortunately it is negligible. Certainly the danger is at its least in the nursing of the openly and admittedly tuberculous on a proper tuberculosis routine; and it is at its greatest in general nursing where tuberculosis is an often unrecognised background of many and varied disease conditions.

I am at a loss to think just what a nurse could do who was determined in no way to deal with tuberculosis. What proportion of the ordinary run of cases in any general hospital are essentially tuberculous? What of the bones, the joints and the sinuses, the kidney, the bladder and the peritoneum? What of meningitis, of pleurisy, of empyema? Tuberculosis of the intestine is a common disease. Even a housemaid's knee may tend to joint tuberculosis, and the apple of the surgeon's eye, the vermiform appendix, be the center of tuberculous disease. In the presence of disease of any kind or degree, after operations, anaesthetics, or even childbirths,

there is special danger of the awakening of latent tuberculous disease.

The freedom of sanatorium staffs from breakdown through tuberculosis is remarkable. In a very considerable experience I do not know of one case in which a nurse or other employee has come to harm through work in a well-regulated sanatorium.

The Soil.—I would be greatly disappointed if I should fail in impressing this upon you, that with weeds, and with tuberculosis also, the seed is of lesser importance, and bad farming or bad living of chief importance.

When we hear of one who has developed active tuberculous disease, if we know the ways of the disease we do not ask, "Where did he catch it?" for he likely "caught it" in childhood, perhaps twenty years ago; but we do ask, "How was his resistance lowered so that the disease caught him?" The onset of open disease usually does not mean new infection; it means breakdown, health bankruptcy. It is not due to any recent accidental meeting with a germ, but to over-strain, over-fatigue, dissipation, neglect, bad environment, in short, to bad farming, which gave to the long latent germ a prepared soil in which to grow.

(To be continued)

In the prevention of fatigue there is a great field for nurses. Perhaps no other group of health workers has had such vast practice in observing individuals and the symptoms of their reaction to disease and to the curative measures applied to it. Almost any graduate nurse may be counted on to notice symptoms of approaching ill-health and to attribute them to some disturbance of the bodily functions, where perhaps nobody else would notice or think about them at all. She sees, hears, and senses much more delicately and accurately than even the physician. Above all other things, this is her special job in the world.—*FATIGUE. Public Health Nurses' Bulletin, New York State Department of Health.*

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOW ARE HOSPITALS TO MEET THE OBLIGATIONS WHICH THE NEWER STANDARDS OF NURSING EDUCATION DEMAND?

(Continued from page 929, August JOURNAL)

IT IS not impossible for any school of nursing to maintain a curriculum which meets the recommendation of the National League of Nursing Education provided it has a principal who not only knows what ought to be taught, but who has the personality and leadership to convince her committee of the necessity of adequate financial and community support of the school. She must be the one to point out how the particular hospital can best meet its obligations and be prepared to show them how the facilities at hand can be improved without discouraging their efforts by extravagant demands. Such mistakes as these have caused many women to fail because they demanded a millennium rather than a practical solution of the problem.

Given the proper curriculum and financial support, the clinical facilities should have the next consideration. Nursing, being a practical art, requires the proper utilization of clinical facilities.

Services should be segregated and the special departments, such as laboratories, X-ray, dispensary, social service, hydrotherapy, pharmacy, etc., should be included in the practical teaching field. Affiliation can be made for any deficiencies which may exist in services as medicine, obstetrics, pediatrics, com-

municable diseases, etc., by utilizing the facilities in other special hospitals.

There is no expense attached to making such affiliations and with the broader experience larger numbers of students will seek the school which offers the greatest educational opportunities, consequently the number of students will increase and it will be possible to maintain larger schools and uninterrupted affiliations. Unless a school can give an adequate course of instruction, both theoretical and clinical, in each department it should make affiliation which will give equal advantages to all students. It is quite impossible, in other words, to try to teach obstetrics to one-half of a certain section and send the other half away for the subject because of limited clinical material.

Satisfactory results cannot be achieved in teaching until the ward equipment has been made uniform in every way with that in the class room. This enables the student to carry out her procedure exactly as she has been taught and also makes it possible for the instructor to supervise and check up her work according to a uniform standard. This standardization is not expensive, if it is properly checked up and inventoried weekly. The initial cost is slightly greater with this system, but any excess in preliminary installation

will be offset by weekly inventory and breakage replacement. There is no doubt but that the saving over a period of years is quite appreciable, to say nothing of the convenience of having things to work with when one needs them. With a competent instructor and standard equipment, there should be little difficulty in obtaining a uniform procedure. This is simply a question of organization and supervision and with the right woman in charge of the school, there is no excuse for any school not qualifying in this respect.

One of the most common defects in our schools of nursing is the lack of comprehensive records. More time should be spent in organizing this part of the work and putting it on a better regulated basis. By this, I mean providing the means for recording at stated intervals the students' instruction, experience, professional fitness, and morbidity. Such sets of records have been prepared and can be obtained from *The Modern Hospital*.

"How are we going to pay for this and who will have the time to do the work on them?" In solving the problem of obtaining and keeping school records, I wish to speak of the Training School Committee, for it is to this group we must look for much help until our hospitals are put on a different financial basis or until schools stand in a more independent position than at the present time. Often these committees are inherited from one administration to another, very rusty from disuse and decrepit with age. They must be rejuvenated with new blood where this is the case and a line of responsibility drawn for them. Large committees of from ten to fifteen members are desir-

able with a woman as chairman who occupies an important place in the social life of the community, who can contribute largely herself and who has the ability to draw others about her for the dual purpose: 1. Of financing the school activities; 2. Creating an understanding in the community of what a school of nursing ought to be and of its ultimate value to the public. I might also add, as its function, to support the principal of the school and assist her in educating the Board of Trustees to the idea of conducting a modern school for young women. If the committee consists of both older and younger women, it will be of greater service, the older women giving substantial financial support while the younger members are willing to carry the more active responsibility.

In one school, of which I know, one of the members of the Training School Committee summarizes all the training school records each month, thus saving the principal and her assistants hours of time and effort. This not only relieves the administration of a great deal of work, but at the same time educates the younger member as to what a school ought to be. She not only becomes a member of the Training School Committee because of prestige, but an intelligent member who can safeguard the school's future by knowing something about what standards should prevail and the requirements of its head.

Such a body of women is of inestimable value in enabling the principal to meet the present need of our schools. It can help in getting proper records, equipment, class rooms, reference books, scholarships, comforts and recreational facilities for the students. All

this can be brought about by private subscriptions, fairs, teas and card parties. These affairs should be managed by members of the committee relieving the principal of all responsibility except that of getting them sufficiently interested and enthusiastic to do it. A Training School Committee, functioning in this manner, makes a separate account for the school of nursing possible and the principal becomes more or less independent, in that she need not depend upon the hospital for more than the actual salaries of the instructor and supervising nurses.

The question of publicity can be solved in the same way by the help of these funds. The right kind of publicity brings forth the necessity of the following conditions in our schools: 1, Shorter hours; 2, Better living conditions, as well as the requirements of the curriculum, clinical teaching field, etc. In other words, good publicity must be *honest* publicity.

Let us dwell for just a moment on the student situation as it presents itself with reference to educational requirements. We are told that statistics show that there are more young women going into colleges today than ever before in the history of the world and consequently more young women are graduating from high schools. These young women after completing a four years' course of instruction as a groundwork for a professional career are not going into schools which demand no more than grammar school or one year of high school education, neither are they going to choose a school that expects all work and no time for study and recreation. These are the reasons why the training schools for nurses in

many instances are destitute of applicants. The reputation which hospitals in the past have made for overworking their nurses, giving little consideration to education or to serving proper food, is reacting unfavorably against them at present, notwithstanding the educational, recreational and other advances which have been so generally made. The school that establishes shorter hours, good food, comfortable living quarters and gives an education to its students is not seeking applicants; applicants are seeking it.

Let us take up the question of shorter hours. The objection to this has been the feeling that it would require a prohibitive increase in the number of students. This is not wholly true. Under the following schedule one nurse additional will carry each ward of 25 beds.

Day Nurses	Hours	
	Class	Off Duty
Miss Holbriiter		9:30-1:00
Miss Emmons	3-4	1-4
Miss Crammond	3-4	2-5
Miss Ryan	On Duty	4-5 2 p. m.
Miss Jepson	2:30-11:00	
Miss Schon	11:00- 7:00	

Many hospitals that are running a ten-hour day have sufficient nurses for carrying an eight-hour schedule by means of time readjustments and a more detailed plan of routine work.

As to living conditions, such marked advancement has been made in the last ten years, we need not dwell upon this point in detail. When certain defects exist, the principal may have recourse to the Training School Committee, which in turn can urge the Board of Trustees to make alterations or rebuild if necessary, on the ground that it is

impossible to nurse the patients unless they have students to do it with.

In conclusion,—given a principal with adequate education, experience and ability, who is in sympathy with the problems of the superintendent of the hospital and who has a willingness to co-operate with him; a Training School Committee which is representative and alive to the needs of the school of nursing and active in meeting them, and which will support the principal in maintaining an educational institution,

—the difficulties in the path of progress for the school will disappear. Such a principal and her committee will see to it that the proper instructor is appointed, adequate supervision given, proper records kept, complete equipment secured, and necessary affiliations made. Lacking these essentials, no hospital has a right to conduct a professional school, but in my opinion the difficulty is not usually an inability to meet these obligations so much as the need of knowing how to meet them.

TOO LATE FOR CLASSIFICATION

THE LEAGUE CALENDAR.—The preparation of a calendar for 1923 is well under way. This calendar will be a continuation of the plan of the one published last year—"Early Leaders of American Nursing"—and will present the portraits and historical sketches of twelve other notable nurses. The Publications Committee at National Headquarters, New York City, is endeavoring to make this calendar most attractive and valuable, and hopes to be in a position to make early and prompt deliveries. It urges training school superintendents, state, district, and alumnae associations to appoint committees at once to assume the responsibility of ordering and distributing these calendars.

NATIONAL.—Assistant Surgeon General Mark J. White has succeeded Dr. C. C. Pierce as Director of the Division of Venereal Diseases. Dr. White has had a long and wide experience as a Public Health Officer and comes to the Division not only with a thorough knowledge of the venereal disease problem, but with a keen appreciation of the value of nurses and the part they have to play in this campaign. To quote Dr. White, "I feel that after the diagnosis is made, and indeed in many instances before it is made, the nurse with her training in social medicine, her aptitude in gaining the confidence of patients, with her knowledge of the importance of waging unrelenting warfare against disease, makes her a most important factor in the treatment, control and cure of venereal disease." The public health nurses of the country may feel that in Dr. White they have a most worthy ally in their campaign for better health.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses Tuesday, November 7, at The District Building. Applications to be at this office before October 23, 1922. Mary E. Graham, Secretary and Treasurer, 1337 K St., N. W., Washington.

Massachusetts: AMERICA'S PREMIER TRAINING SCHOOL TO CELEBRATE ITS FIFTEEN ANNIVERSARY.—The training school of the New England Hospital for Women and Children, the first Training School for Nurses established in this country, completed half a century of service on September 1. On that date, fifty years ago, it opened its doors for systematic training to young women desiring to become nurses. Nurses had been trained in this hospital during the ten years previous and its articles of incorporation (March 12, 1863) stated that "To train nurses for the care of the sick" was one of the objects for which it was founded, but so few applicants were then willing to give the time for training that a well-organized school did not exist. In 1872 Dr. Susan Dimock, Superintendent of the Hospital, visited Florence Nightingale in England, learning her methods; and on her return she organized the school, receiving the first pupil under the new regime on September 1 and soon forming a class. This pupil was Miss Linda Richards, who has since done notable work for the nursing profession in organizing and conducting training schools in various parts of this country, and in Japan, also in writing on the subject. This Golden Anniversary will be celebrated at the hospital, on Dimock Street, Roxbury, on October 31. Miss Richards will be present and will deliver an address. All former pupils are cordially invited to attend. Alumnae will enter the hall in chains, as far as possible, and in uniform. Come back to your Alma Mater!

A CORRECTION: Major Simmons wishes to correct a mis-statement which she made inadvertently in the July Journal, page 848. In connection with the service pay bill, she stated that the pay for the third period is \$110. This should read, \$115.

STUDENT NURSES' PAGE

HOW WE SENT A REPRESENTATIVE TO SEATTLE

By JOSEPHINE NICHOLS

ON THE evening of May 8, the idea of sending a student nurse to the national convention at Seattle was presented to us. Pictures were shown, and each of us was filled with the desire to make the trip and attend the convention. A mass meeting was called at which it was decided that we should send at least one student. The next and biggest question was, "How are we going to raise the money?" Class meetings were held and plans were discussed.

It was decided that two candidates should be chosen by each class from its own ranks. These names were submitted to an advisory board, consisting of the superintendent of nurses, the educational director, and the president of the Alumnae Association. The name of the candidate chosen by them was to be withheld until all the money was raised, so that all would be interested.

Each class elected committees and immediately began work. Posters appeared in every conceivable place, and a great deal of class rivalry was shown. The Sophomore class had a Service Committee with an office and a registry. Mending, washing, sewing, pressing, facial massage, answering telephones, cleaning rooms, bed making, shoe shining, shampooing, etc.

The Junior class also made a specialty of their beauty parlor; socks were mended, the price varying with the size of the hole. Sweaters were knitted, suits cleaned and pressed. Breakfast was served on Sunday mornings at the

dormitory and proved to be very enjoyable as well as profitable.

The Freshman class raised its money in the novel way of making dress forms.

Tuesday afternoon was "Swingout" on the campus, (the traditional opening of Senior activities), and as everyone felt like celebrating, the Junior class thought it would be an opportune time to make some money by giving a dance. The orchestra donated its services.

The Senior class held a strawberry festival. Unfortunately it rained, so that the attendance was not as large as had been expected. There was no financial loss, however, as the strawberries were made into jam and sold.

The most successful venture was a carnival given at the dormitory. Booths were erected. A cake was raffled and brought \$8; the person who won it then sold the pieces for ten cents each. There was a dance to try "ringing the cat," the cats being made of black stockings stuffed with cotton and the rings being embroidery hoops. The living room served as a dance hall. The fortune telling room was well patronized, as our superintendent of nurses and educational director have enviable reputations as palmists.

Several people contributed generously and upon collecting all our funds we found we had enough. We feel that the campaign has brought students, faculty, and alumnae into closer relationship and has helped develop a better school spirit.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name of the writer.

A MEMORIAL TABLET

DEAR EDITOR: In the new Army Medical School building shown in one of the photographs, which is now under construction at Walter Reed Hospital, the tablet, as photographed, will be erected. It is believed that the necessary funds for this purpose will be quickly subscribed by the officers, nurses, and enlisted men, who are now in the Medical Department or who were at one time in it, in memory of their comrades who lost their lives during the World War. The subscriptions, which are limited to \$1, are to be received only from those who saw service as officers, nurses, or enlisted men of the Medical Department of the Army during the recent World War. Nurses desiring to subscribe for this tablet which commemorates the service of their comrades who gave their lives while engaged in Medical Department work, are invited to forward one dollar to Major Julia C. Stimson, Office of the Surgeon General, War Department, Washington, D. C. It should be understood that nurses who were formerly members of the reserve or regular Army Nurse Corps, as well as present members of the Corps, are invited to contribute.

JULIA C. STIMSON.

WHY "COWBIRDS"?

DEAR EDITOR: We have all been told from our childhood days that there are always two sides to every question. May I suggest another side to this question of "cowbirds" which was brought up in an editorial in the July number of the *American Journal of Nursing*? If there are nurses who, at graduation, see only personal benefits in registration and becoming members of their alumnae associations, is it not pertinent to ask how many nursing schools have had the vision to see and give to their student nurses any knowledge of the larger needs in the nursing world, and their individual responsibility to help meet these needs? Perhaps it is true that the young nurse has little to give except enthusiasm, but after all that in itself is a valuable asset. Do we try to foster that enthusiasm by giving the young nurse something to do and then stand by, helping her

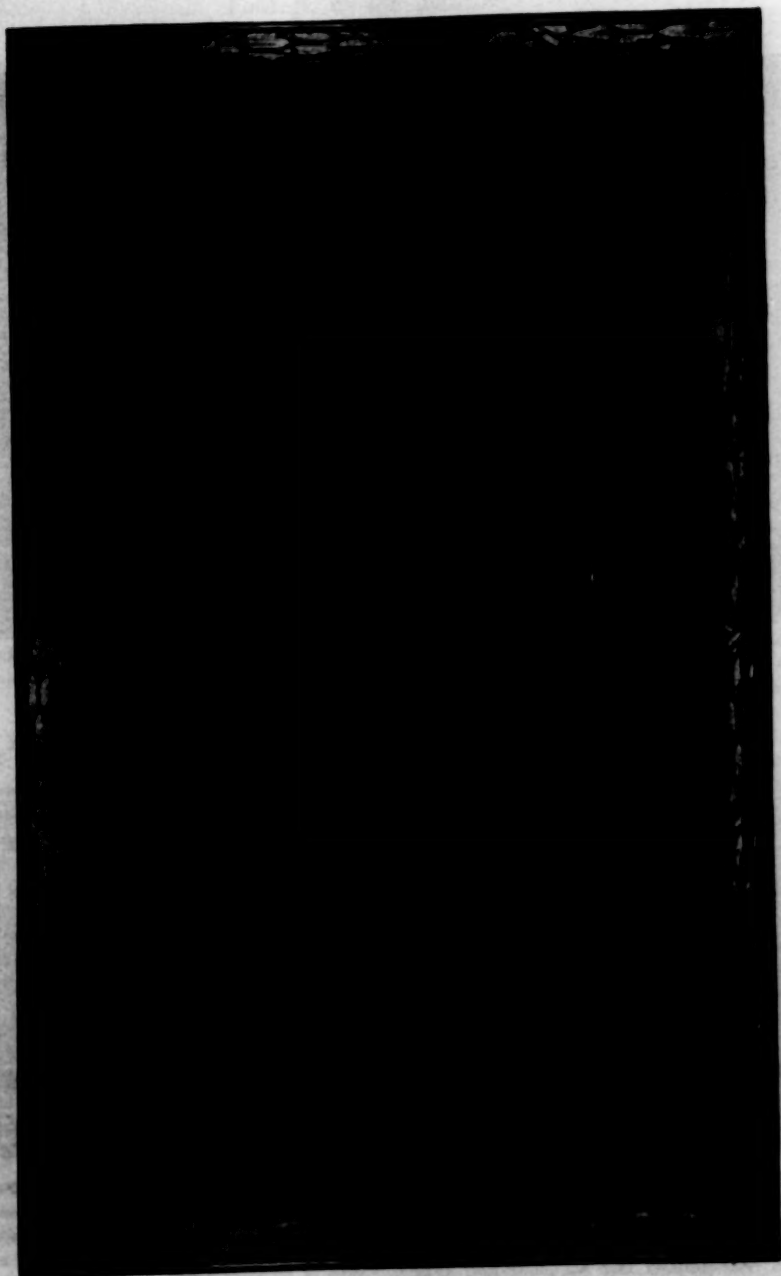
and urging her on, until she has gained the experience necessary to point the way to larger fields of endeavor? Or do we say, in deeds at least, "Oh, I have not the time to bother, and anyway I can do that so much better and more quickly." With this attitude is it any wonder that nurses go into activities where they are allowed to try their hand at driving the "machine"? It takes time to sit by and teach a beginner how best to run a machine, and to teach him how to see "dangerous curves ahead," but is it not worth while? It is the youth of today who will "carry on" tomorrow. It is the young nurse of today upon whom will devolve the responsibility of upholding the dignity and standards of the nursing profession of tomorrow. It would seem worth while to utilize every opportunity to give her today that which she will most need for tomorrow. If we conscientiously do this, we need not worry about "cow-birds" in the nursing profession.

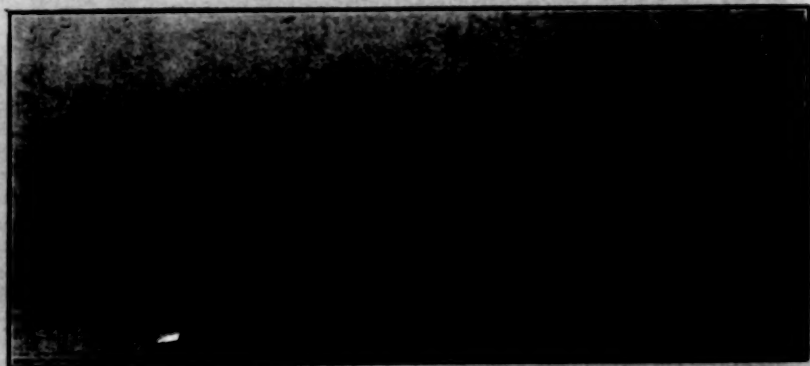
Washington

H. W.

THE PACIFIER

DEAR EDITOR: I wish to express our appreciation of the excellent service the *American Journal of Nursing* is rendering. We look forward to our edition, the wrapper is quickly torn and just a peep taken at headings before we have actual time to read it. I was particularly interested in M. D. B.'s question—"Is a pacifier too small a thing for the National Organization of Nurses to take up?" What a splendid suggestion of soliciting support from the various women's clubs! The pacifier is one of baby's first gifts, now, part of its layette. How often we hear, of the second-day old babe, "Oh, she won't take it, nurse, maybe she will later on." Why do mothers use them? Is it because they think the mouth was made for something? Do they mistake the infant's lack of muscular control, or do they think it hushes their care, their work? Can we teach the causes of the cress, crying, restless baby? Have you seen the latest baby's gift box with pacifier—a set attractively done up for one dollar; pacifier, teething ring, and rattle, skillfully polished like bone, made of wood. Recently I stood





SITE OF WALTER REED GENERAL HOSPITAL AND PROPOSED NEW MEDICAL SCHOOL

beside a mother who was picking over one hundred or more pacifiers in a glass jar; turning to me she said, "Don't you think this is the largest? My baby is two years old." It was both large and long. A filthy little two-year-old standing near by had one sewed to its coat and one around its neck. Perhaps M. D. B. might be interested in our attempt at doing something along this line. We have a "No-dummy" League, with 180 mothers as members besides many influential women members; the object of the League is stated on the back of the membership card; the League meets quarterly; talks are given by physicians on matters pertaining to the work discussed. Our plan is to solicit membership of our pre-natal and our newly confined. Our mothers are sticking to their League and are always bringing in a few new members. As one mother puts it, pointing to a three-year-old, "That one the light was never out with; I could not keep her quiet night or day. This baby has never known one of those dummies and I have never lost one hour's rest with her." I thank M. B. D. for bringing forth forcible thoughts on pacifier.

Canada

A. L. P.

CONSTIPATION

DEAR EDITOR: We read and hear much on this subject. Perhaps the following suggestion may prove helpful: Eat dry shredded wheat or triscuits. These may be made palatable with fruits, marmalade, jam, honey, syrup, etc.—toasting. In a case of pre- and post-operative adhesions, from two to four eaten for breakfast, occasionally for supper, or in the evening, have apparently been responsible for establishing normal catharsis after seven years of enemas—cathartics not being used for over five years.

New York

E. C.

HOW TO INTEREST YOUNG NURSES IN OUR ORGANIZATIONS

DEAR EDITOR: Creating such an interest should be part of the school curriculum just as much as any subject. Another method is that employed by Texas of sending its state secretary to every district once a year, and plans are made whereby all student nurses in the schools of nursing

are addressed on the history of nursing organizations; the value of being affiliated with each one; the joy of coming in contact with other nurses of the profession. I believe if the prominent workers in our organizations could be visualized to the young nurses, in an interesting manner, they would be eager to meet them and know them personally. Another method would be to have the Seniors in the schools have programmes at the District Association meetings, at any rate they should always have an invitation to attend them. Why should we not also encourage the students in the schools to organize an association of their own, especially advising them to have someone teach them parliamentary law? All district and state associations ought to elect younger nurses to such offices, as they could hold, and while holding these, nurses should learn all they can from those carrying the burden of the work of the organization. They should be put on committees and given responsibility. When a nurse is made a chairman or a member of a committee let her, not the officer appointing her, be responsible for the work of that committee. So often a nurse loses interest in the work because the presiding officer after appointing her does the work. Let us also pay more attention to our younger nurses when they attend meetings. I remember well my first A. N. A. meeting; there is no insect which is smaller than I felt in that large gathering, even though I did represent the largest state in the Union. Even today I have not forgotten the joy that filled me when two or three of the officers took the trouble to be extremely nice to me. It has always been my especial joy in the State meetings to go to the young nurses coming for the first time to a meeting and welcome them, and introduce them to the members. These are the things that will do much towards creating interest in our association work. After all, it is the little courtesies in life that make life sweet and worth while, and lovable.

Texas

A. L. D.

A TRIBUTE TO THE NURSING PROFESSION

DEAR EDITOR: Regardless of the accusations of the commercializing of the nursing profession, the fact remains that, in

time of an emergency, no individuals devote their time and their energies to the comfort and safety of others with such utter disregard of themselves as do graduate nurses. These facts are well known to all active surgeons, because in the case of surgical cases, no greater burden can be put upon anyone than upon the nurse. However, we take too much for granted, and it remained for the terrible wreck at Winslow Junction to bring these facts forcibly home. The midnight flyer from Camden to Atlantic City was derailed at Winslow Junction and rolled down a thirty-foot embankment, with the result that seven were killed, and about seventy more were seriously wounded. Among the first to be notified was Miss McGurran, superintendent of the Atlantic City Hospital. By the time I arrived at the hospital, a matter of about twenty minutes, plans were already under way for the reception of the patients. The wreck occurred at about midnight. At that time there were on duty the night supervisor, four pupil nurses, and one orderly. Other graduates were called immediately. The pupil nurses and nurses' aides asked if they might be permitted to help. They were told to hold themselves in readiness for second call, which came fifteen minutes later. Before the arrival of the patients, all empty beds were listed, cots were arranged, blankets, hot water bottles and other equipment were taken from storage; pupils and graduates worked hand in hand, preparing beds, splints, bandages and other dressings. An abundance of extra supplies were given out and dressing tables were arranged throughout the house. The operating rooms were prepared for any emergency operation that might be necessary, the nurses scrubbed, and the anesthetist ready to begin work. Stretchers were procured and made up with blankets and hot water bottles, and hot coffee was prepared, so that after two hours' hard work we were fully prepared to take care of the wounded, who arrived at 4 o'clock. They were brought to the hospital in ambulances, taxicabs and private cars. Within about ten minutes, sixty-two wounded were at our doors. All patients upon arrival were tagged, given a hypodermic, if necessary, and then sent to the floor. The morale of the injured was by far the best I

have ever seen. There was not a cry, and each seemed as anxious for his fellow's comfort as for his own. In the meantime many nurses on special duty had been released by their patients, the nurses' registry sent extra nurses, and one nurse who was on her vacation responded. Due to the indefatigable work of the nurses, all patients were in bed, had been rendered first aid, and made comfortable within one hour after admission. During the day more nurses were employed so that each patient practically had a special nurse until we were certain that their injuries did not warrant it. Only one death occurred in the hospital, and only two cases came to operation. At the end of the third week, all but two of the injured had left the hospital. The surgical department feels very much gratified at the excellent results obtained, but we have not lost sight of the fact that it was because of the hearty co-operation of the nursing profession of Atlantic City that we achieved such good results.

Atlantic City, N. J.

DAVID B. ALLMAN, M.D.

JOURNALS ON HAND

THE following copies of the JOURNAL may be had for the cost of transportation. Address National Organization for Public Health Nursing, 370 Seventh Avenue, New York: 1905, August; 1911, August, September; 1913, September; 1914, July; 1915, June, through December; 1920, all; 1921, January, through August, October, November.

A CORRECTION: Mrs. Beatrice V. Stevenson of Brooklyn, N. Y., calls our attention to an error on page 1095 of the September JOURNAL. She did not send a letter, but a copy of a bill introduced by Senator William M. Calder (S. 3639), "granting relief to Red Cross nurses who served with the Army or Navy of the United States in the War with Spain or the Philippine Insurrection." She suggests that any of these nurses in aid of relief to which they would be entitled under this bill should communicate with Senator Calder.

NURSING NEWS AND ANNOUNCEMENTS

NURSES' RELIEF FUND, REPORT FOR JULY AND AUGUST, 1922

<i>Receipts</i>			
Previously acknowledged.....	\$14,514.35		
Interest on bonds.....	211.25		
California: District No. 1, \$5; District No. 2, \$5; Dist. No. 4, \$16; Dist. No. 6, \$26; Dist. No. 9, \$62; Dist. No. 13, \$32.50; Dist. No. 14, \$12; Dist. No. 15, \$4; contributions taken at State Convention, San Jose, \$25.25; Dist. No. 1, \$2; Dist. No. 5, \$157; Dist. No. 10, \$15; Dist. No. 12, \$20.....	381.75		
Connecticut: Hartford Hosp. Training School graduates, \$44; Grace Hosp. Alum. Assn., New Haven, \$30.50; Conn. Training School Alum. Assn., New Haven, \$100; two individuals, \$10.....	184.50		
Georgia: The Grady Hosp. Alum. Assn., Atlanta, \$10; General collection, Atlanta Nurses, \$3; one individual, \$5.....	18.00		
Indiana: St. Mary's Mercy Hosp. Alum. Assn., Gary, \$20.....	20.00		
Illinois: District No. 4, \$10; three individuals, \$15.60.....	25.60		
Iowa: District No. 3.....	36.00		
Maine: One individual, Bangor, \$1; Central District, \$86; Western District, Maine Gen. Hosp. Training School Alumnae: six individuals, \$18.....	105.00		
Massachusetts: One individual, Boston.....	2.00		
Missouri: St. Luke's Alum. Assn., St. Louis, \$74; six individuals, \$6.....	80.00		
Montana: District No. 6, \$75; three individuals, Conrad, \$3.....	78.00		
Mississippi: One individual.....	4.00		
New York: One individual, Homeopathic Hosp. and Alum. Assn., \$50; one individual, Rochester, \$15; Dist. No. 4, Cortland Co., \$14; Dist. No. 13, two individuals, \$10; Staten Island Hosp. Nurses' Alum., \$35; Park Hosp. Nurses' Alum. Assn., \$33; Roosevelt Hosp., \$12; one individual, \$5;			
Susan Shilladay, collected on Special Train to National Convention, \$2; two individuals, \$6; Dist. No. 1, one individual, \$1; Dist. No. 14, one individual, \$5; collected on N. Y. State Nurses' Special Train to and from Seattle, one individual, \$11.50; Cryptogram readings, \$9.75; sale of song, \$10.30; two passengers, \$2; one individual, \$16.45; Dist. No. 6, \$66.75.....	295.75		
New Hampshire: Margaret Pillsbury Gen. Hosp. Alum., Concord, \$5; Alum. of Notre Dame Training School, Manchester, \$10.....	15.00		
Ohio: Dist. No. 8, ten individuals.....	10.00		
Pennsylvania: Columbia Hosp. Alum., Wilkesburg, \$100; one individual, Pittsburgh, \$100.....	200.00		
Texas: District No. 6.....	24.00		
West Virginia: One individual.....	1.00		
Wyoming: State Nurses' Assn.....	25.00		
		\$16,231.30	
		<i>Disbursements</i>	
		Paid to 30 applicants for August.....	
		Protest charges.....	
		Exchange on checks.....	
		Sept. 1, 1922, balance.....	
		Invested funds.....	
		Total.....	
		V. LOTA LORIMER, R.N., Treasurer.	
		Contributions for the Relief Fund should be sent to Miss V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City. The word "West" in the treasurer's address should be written out in full. When it is abbreviated mail goes to another address. (As two months' items are published in this one issue of the Journal, all have had to	

be continued. New appointments in the national service have had to be omitted and only transfers noted.)

ARMY NURSE CORPS

Transfers: (July), To Station Hospital, Fort Benck, Mass., Della Kilson and Helen Drew; to Station Hospital, Ft. Benjamin Harrison, Ind., Jane G. Melloy, Della J. Bonner, Lylan M. Grady, Amelia F. Hanna, Elizabeth Hambrough, Mary A. Kalsamer, Katherine E. Kelly, Catherine Morrison; to Station Hospital, Camp Benning, Ga., Alta Berninger, Dorothy Cleveland; to Station Hospital, Jefferson Barracks, Mo., Mary M. Brady; to Station Hospital, Ft. Leavenworth, Kas., Helen L. Cole; to Letterman General Hospital, San Francisco, Cal., Kathleen O'Driscoll, Anne G. Sater; to Station Hospital, Ft. McPherson, Ga., Harriet Glasgow; to Station Hospital, Ft. Sam Houston, Tex., Katherine Burns, Mary U. Curran, Margaret V. Garrity, Margaret Houston, Susan E. Littlepage, Margaret Spearman, Mary L. Tooker, Harriet N. Whitt; to Station Hospital, Ft. Sheridan, Ill., Elizabeth H. Crowther, Viola Ferguson; to Station Hospital, Ft. Sill, Okla., Kathryn Jones, Agnes J. O'Neill, Myrtle L. Rains; to Station Hospital, Ft. Totten, N. Y., Bertha Jost; to Walter Reed General Hospital, Takoma Park, D. C., Fidelity E. Barber, Helen M. Bertree, Nell Burke, Mary Curtis, Harriet E. Converse, Mary C. Donovan, Margaret Dwyer, Clotilda Ewen, Lillian K. Lourey, Sara A. McLoughlin, Margaret N. Hennessey, Helen R. Monroe; to Honolulu, Pauline Rembaugh.

Transfers: (August), To Station Hospital, Fort Benning, Ga., Dorothy Cleveland; to Station Hospital, Jefferson Barracks, Mo., Charles Carter; to Fitzsimmons General Hospital, Denver, Colo., Emilie Carl and Edith Thoman; to Station Hospital, Fort Sheridan, Ill., Flora Reharge; to Letterman General Hospital, San Francisco, Cal., Myrtle S. Holloway, Dora A. Noble, Nora A. Robb, Ida D. Wheland, Olive Shany, Winifred Langen, Mabel E. Marietta, Julia D. Rithmeyer, Elmer Shirley, Lucie Zurcher, Florence Anderson, Mary B. Dowling, Agnes Greenblatt, Hannah Johnston, Karen M. Sverre, Emily Weber; to Walter Reed General Hospital, Washington, D. C., Margaret

MacNichol, Gertrude Field; to U. S. Military Academy, West Point, N. Y., Sadye M. Rosenthal, Mabel L. Lasky.

Orders have been issued for the separation from the service of the following named members of the corps: Katherine J. Apple, Laura M. Beaubien, Flora L. Becker, B. Margaret Bitzer, Catherine Brady, Ruth M. Broad, Florence B. Butcher, Mary E. Bryna, Harriet C. Chandler, Florence Clement, Helen M. Cronin, Edna A. Ferguson, Mary E. Ferguson, Mabel A. Gray, Annie S. Hammons, Anna Hammond, Sarah E. Handley, Florence S. Hauck, Ruby A. Hitchcock, Nevada E. Hopper, Eva Johnson, Mildred Jones, Lida Kilpatrick, Amy M. Lamont, Minnie A. Lester, Katherine M. McGork, Isabel McLean, Genevieve McMillan, Emily L. Martin, Lois Mills, Bernice F. Moran, Elsie Mutch, Florence R. Nance, May O'Callaghan, Sarah I. J. Palsky, Vera Pearce, Ida T. Renner, Mary E. Richards, Agnes E. Ryan, Ethelene L. Sculthorp, Bille A. Sharp, Inas W. Turry, Athena R. Turner, Elizabeth P. Uehlsner, Camilla M. Van Pelt, Henrietta Vinyard, Marie A. Wall, Mary J. Webb, Margaret C. Whyte, Miriam S. Wood, Lella M. Younglove, Evelyn Wood, Chief Nurse; Bernie N. Baldwin, Camilla J. Barby, Hannah O. Beatty, Lora A. Brooks, Nellie Butcher, Agnes Colgan, Fannie E. Cross, Mary H. Dryden, Dorothy S. Frank, Mary White Gatty, Hattie Gill, Signe E. Holmes, Bertha Jost, Ann C. Joyce, Vera Kearney, C. Elizabeth Little, Faby L. Long, Louise Mathison, Harriet L. Osborn, Mary L. Quaman, Marguerite E. Saylor, Margaret Spearman, Mable B. Strom, Veronica Van der Cord, Lucinda Walsh, and Yvette M. Winfield.

The following named 2nd Lieutenants have transferred from the Reserve to the regular Corps: Katherine L. Jones, Josephine M. Nabb, Ella V. Shorrey, Indora Elson, Edna Maher, Elizabeth M. Aldridge, Edna D. Umbach, Margaret Ullang, Ruth G. Compton, Grace Koser, May V. Gosselin, Clotilda M. Ewen, Helena Charvater, Johanna German.

Julia C. Strasser,

Major, Capt., Army Nurse Corps, Dean,
Army School of Nursing.

NAVY NURSE CORPS

Transfers: (July), To Annapolis, Md., Anna M. James; to Canacao, P. I., Elizabeth S. Hopkins, Chief Nurse, U. S. N.; to League Island, Pa., Bertha R. Marcus; to Mare Island, Calif., Katherine F. Lowe, Nora A. Reardon; to New York, N. Y., Helen C. Houser, Florence M. Kopp, Alma G. Stinson; to Pensacola, Fla., Lillian M. Ward; to Dispensary, Quartermaster Depot, U. S. Marine Corps, Philadelphia, Pa., Eva R. Dunlay, Chief Nurse, U. S. N.; to Portsmouth, N. H., Anna E. Gorham, Chief Nurse, U. S. N.; to Portsmouth, Va., Blanche Allen, Christine J. Bourgeois, Alice M. Gillett, Chief Nurse, U. S. N. (awaiting transfer to the Virgin Islands), Mary L. Goss, Annabel Griffith, Gertrude Griffith, Nora A. Harding, Mildred E. Hoover, Hilma Knudsen, Madge Solomon; to Puget Sound, Wash., Amelia M. Saunweber; to U. S. S. Chaumont, to Haiti and return, Grace L. Goodwin (temporary duty), Marguerite A. Snyder (temporary duty); to San Diego, Calif., Mary M. Fare; to U. S. S. Relief, Emily J. Cunningham, Mary M. Massey.

Transfers: (August), To Annapolis, Md., Emma L. Grier, Mabel G. Hudson; to Naval Academy Dispensary, Annapolis, Florence M. Field (temporary duty); to Canacao, P. I., Erna Dinschkamp, Katherine F. Lowe, Nora A. Reardon; to Charleston, S. C., Nelle S. Snow, Grace S. Vental; to Chelsea, Mass., Ella B. Clough, Betty W. Mayer (Chief Nurse); to Guam, Mary F. Spencer; to League Island, Pa., Catherine C. McNellis; to Mare Island, Calif., Bertha A. Adams, Elizabeth Hong (Chief Nurse), Mary E. Northrup; to New York, N. Y., Violet S. Goss (Chief Nurse), Mary A. Murphy, Helen Wahl; to Norfolk, Va., Mary V. Ennis, Lilla H. Sewin, Ida M. Maple, Adèle Scudder; to Navy Yard Dispensary, Norfolk, Va., Eva B. Moss (Chief Nurse); to Parris Island, S. C., Mary V. Hamlin (Chief Nurse), Anna L. Merrill; to Pensacola, Fla., Katharine C. Hansen; to Navy Yard Dispensary, Philadelphia, Pa., Tessa E. Wilkins (Chief Nurse); to Puget Sound, Wash., Bertha B. Devitt, Mabel L. Gardner; to Quantico, Va., Marie V. Brinscoun, Esther Le Compte James (Chief Nurse), Josephine Knight; to San

Diego, Calif., Elsie Brooks (Chief Nurse), Louise H. Clarke, Anne Gombow; to Tutuila, Samoa, Louise R. Lebb; to U. S. S. Argonne (temporary duty), Sue S. Danner (Chief Nurse); to U. S. S. Chaumont (temporary duty), Helen A. Russell (Acting Chief Nurse); to Washington, D. C., Margery A. Duncan, Lucy A. West.

Honorable Discharges: Linnie Anderson, Pearl F. Day, Clara Hayes, Janie Bennett, Hazel M. Scott.

Resignations: Ella M. Ambrose, Ella R. Byrne, Ellen E. Drake, Mary L. Easton, Florence E. Harris, Edna M. Hottinger, Grace E. Kesch, Maude Kellam, Josephine M. Perault, Edith H. Smith, Daisy E. Wells, Helen Biggert, Mary L. Goss, Laura E. Greenwood, Rachel L. Harma, Anna M. James, Lilly E. McDonald, Margaret G. McLean, Margaret B. Powell.

Discharged from Inactive Status: Luella McCalpin.

LEWIS S. HIGGEE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Reinstatements: (July), Rosella McDonough and Hilbur Steinburg, U. S. Marine Hospital No. 5, Chicago, Ill.; Sarah G. White, No. 9, Ft. Stanton, N. M.; Isabelle Connell, Lillian Pinkham, Laura Moline, Laura Zwanig and S. Gertrude Simpson, No. 19, San Francisco, Calif.; Marguerite Mattice, No. 70, New York City, N. Y.; Ella Oliver, No. 82, Norfolk, Va.

Reinstatements: (August), Edna Roberts, U. S. Marine Hospital No. 17, Port Townsend, Wash.; Josephine Vandergon, No. 19, San Francisco, Calif.; Lila J. Porter, No. 82, Norfolk, Va.

Transfers: Irene LeDuc, U. S. Marine Hospital No. 21, Stapleton, N. Y., to No. 2, Boston, Mass.; Clara Tappemeyer, No. 14, New Orleans, La., to No. 11, Louisville, Ky.; Marion Lynch, No. 18, St. Louis, Mo., to No. 2, Boston, Mass.; Nell Capps, No. 30, Savannah, Ga., to No. 14, New Orleans, La.; Anna O'Brien, No. 17, Port Townsend, Wash., to No. 19, San Francisco, Calif.; Anna O'Rourke, Rarobank Quarantine, to Hospital

No. 43, Ellis Island, N. Y.; Nell Ross, Rosenbush Quarantine, to Hospital No. 43, Ellis Island, N. Y.

LUCY MINNEGROW,
Superintendent of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU

Transfers of Chief Nurses: (July 15-Aug. 15)

Katherine Hagarty, from Otam, N. C., to Memphis, Tenn.; Laura Nell, from Camp Kearney, Calif., to Walla Walla, Wash.; Sula Geer, from Fort Bayard, New Mexico, to Camp Kearney, Calif.; Jacqueline Riggs, from Fort Bayard, New Mexico, to Las Animas, Colo.; Olive Sweet, from the U. S. Public Health Service and appointed Chief Nurse at U. S. Veterans' Hospital No. 52, Boise, Idaho; Laura Beecroft, transferred from the Vocational School, Peconic Pines, Pa., to Fort Bayard, New Mexico, as Assistant Chief Nurse.

During August, the U. S. Veterans' Bureau opened a new general hospital, U. S. Veterans' Hospital No. 88, Memphis, Tenn., and it is expected that the hospital at Rutland, Massachusetts, will be ready to receive patients at an early date. Nurses are needed for the following hospitals: U. S. Veterans' Hospital No. 50, Whipple Barracks, Ariz.; No. 55, Fort Bayard, N. Mex.; No. 60, Otam, N. C.; No. 27, Alexandria, La.

MARY A. HICKEY,
Superintendent of Nurses.

THE MISSISSIPPI VALLEY CONFERENCE will hold its tenth annual meeting in Milwaukee, Wisconsin, October 9-11. Included in the Conference group are eleven states in the Mississippi Valley,—Indiana, Michigan, Minnesota, Missouri, Ohio, Wisconsin, Illinois, Iowa, Nebraska, North Dakota and South Dakota. Among the topics to be considered are tuberculosis training for doctors and nurses; the discovery clinic; early diagnosis of tuberculosis and its place in prevention; immunizing the child against tuberculosis, after care of the sanatorium patient. Exhibits of educational posters and photographs and building plans of tuberculosis sanatoria in the Mississippi Valley will be secured and placed on display for the meeting. Particular attention will be given to the subject of legislation as it affects the establishment and proper main-

tenance of public tuberculosis sanatoria, convalescent camps, Occupational Therapy programmes and similar subjects. In order that the Conference may have the advantage of consultation with tuberculosis authorities from outside of the Mississippi Valley, the Executive Committee of the National Tuberculosis Association will hold a meeting in Milwaukee at the time of the Mississippi Valley Conference. The annual meeting of the Wisconsin Anti-Tuberculosis Association will be held in connection with the Conference, its separate session being limited to a luncheon business meeting.

THE AMERICAN DIETETIC ASSOCIATION will hold its fifth annual meeting in Washington, D. C., October 16-18, with headquarters at the New Willard Hotel. Speakers of national importance will discuss recent developments in dietetics, as well as administrative and other practical problems of the dietitian. Trips to Walter Reed Hospital and the scientific laboratories of the Government will give excellent opportunities to observe the research work now carried on in Washington. An exhibit of equipment, food materials, charts and other illustrative matter valuable to the dietitian will also be an attractive feature of the Convention. Sessions of special interest to nurses are:

MONDAY EVENING, 7 o'clock: Dinner meeting, New Willard Hotel, Mrs. Mary de Garmo Bryan presiding. Speakers: General Hugh Cumming, Major Julia C. Stimson, Mrs. Lenah Higbee, Lucy Minnegrow.

TUESDAY EVENING, 8 o'clock: Octavia Hall, Peter Bent Brigham Hospital, Boston, presiding. Nutrition and Diet in Childhood, Mary S. Rose, Teachers College, Columbia University; The Relation of Hygiene to the Growing Child, Dr. Alfred Ham, New York.

WEDNESDAY EVENING, 8 o'clock: Genevieve Field, Walter Reed Hospital, Washington, presiding. The Food Service for Private Patients, Lulu Graves, Mt. Sinai Hospital, New York; The Food Service for Ward Patients, Marjory Halbur, Barnes Hospital, St. Louis; The Food Service for School Children, Daisy Truen, School Lunch and New England Kitchen, Boston, Mass.; The Food Service for the Hotel, Mary Lindsay, Manager, Grace Dodge Hotel, Washington.

THURSDAY, OCTOBER 19, 10 a. m.: Johns Hopkins Hospital, Baltimore, Maryland, Lulu Graves presiding. The Relation of Animal Experimentation to Dietetics, Dr. E. V. McCollum, Professor of Chemical Hygiene, Johns Hopkins Hospital, Baltimore; The Relation of the Medical Staff and Diet School in Johns Hopkins Hospital, Dr. Wm. S. McCann, Associate Physician, Johns Hopkins Hospital.

THE AMERICAN CHILD HYGIENE ASSOCIATION will hold its thirteenth annual meeting in Washington, D. C., October 12-14, at the New Willard Hotel. General subjects to be considered are: *October 12, Morning*, The Training in Nutrition Needed for Child Hygiene Workers; *Afternoon*, The Pre-school Child; *Evening*, Addresses by Herbert Hoover, Sir Auckland Geddes, L. Emmett Holt, M.D., Elizabeth G. Fox. *October 13, Morning*, Administration of Private Child Hygiene Organizations, Infant Mortality in the First Month of Life. *Afternoon*, Nursing and Social Work, Margaret Stack of Hartford presiding; addresses by Gertrude E. Hodgman, Kathleen Edwards, Winifred Rand. *Evening*, Business. *October 14, Morning*, Maternal Welfare. *Afternoon*, Medical Session.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for trained nurse and trained nurse (psychiatric) for the Panama Canal Service. For particulars, address the Civil Service Commission, Washington, D. C.

The *Journal of Outdoor Life*, a monthly magazine devoted to a consideration of the problems of tuberculosis, has become the property of the National Tuberculosis Association, after having been managed for some years as its official organ.

Korea: The Occidental Nurses' Association of Korea held its annual meeting at East Gate Hospital, Seoul, Korea, April 5-7. The first session was devoted to business followed by a very interesting talk on Leprosy by Dr. Wilson, who has charge of the Leprosy Asylum at Kwangju. There are about 20,000 lepers in Korea, of whom less than 1,000 are treated in the four leper colonies at Kwangju, Taikva, Fusan and Mokpo. In the afternoon the members met with the Korean

Medical Association. Several interesting papers were read and discussed on Neurasthenia, Evangelism in Dispensary and Hospital and Tuberculosis. The number of cases of tuberculosis in Korea is appalling and as yet there is not one sanatorium. On Wednesday evening a dinner was given at the Chosen Hotel in honor of the twenty-fifth anniversary of Esther Shields in Korea. Miss Shields' loyalty and devotion to duty and her love for the Koreans has made her a true Florence Nightingale to Korea. On Thursday morning an exceedingly interesting paper was read on Evangelistic Effort in Hospital by Margaret Logan, China. In the evening Dr. Hophirk gave a lecture and moving pictures on X-Ray and Its Value in Diagnosis. Friday morning the question of Korean textbooks was discussed. Nurses have longed for a book in Korean that they could put into the hands of students so that they can read in their own language. Literature and more literature for Korean nurses has been the crying need. Miss E. J. Shepping is now translating Maxwell and Pope's Practical Nursing into Korean and expects to have it in the hands of the nurses this fall. The Occidental Graduate Nurses' Association of Korea agreed to assume all financial obligation of the text-book, several nurses volunteering to solicit funds from home friends. Before the afternoon session closed the Korean graduate nurses were invited to meet with the Occidental Graduate Nurses' Association and discuss plans for organizing a Graduate Nurses' Association of Korea. A committee was appointed to draw up constitution and by-laws. The convention this year has been the best yet. So many big problems were discussed and all felt that they have received great inspiration and help. The following officers were elected: President, Ethel F. Butts; vice-president, Esther Shields; secretary, Mrs. J. A. McAnlis; treasurer, Mrs. A. Ludlow; editorial secretary, Miriam Fox.

ALABAMA: THE ALABAMA STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold its annual meeting in Montgomery October 26. Examinations will be held in Birmingham October 23-24; Mobile October 24-25; Montgomery October 25-26. Applications may be obtained from Luma H.

Denny, secretary-treasurer, 137 N. 60 St., Birmingham.

Arkansas: THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its semi-annual meeting for the examination and registration of nurses October 13 and 14. For information address Frankie Hutchinson, secretary, 2716 W. 6 St., Little Rock. THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Hot Springs October 10 and 11, with an added day, October 12, for the State League of Nursing Education. Ella Shirving, St. Joseph's Infirmary, Hot Springs, is chairman of the Programme Committee. Fort Smith.—Emily Greenwood has been appointed superintendent of St. John's Hospital and Hott Clinic. Miss Greenwood is a graduate of the General Hospital, Hamilton, Ontario. Little Rock.—THE LITTLE ROCK NURSES' ASSOCIATION entertained the nurses of Fort Roots (U. S. Veterans' Hospital 78) on August 4. After the business meeting there was a delightful swim in the Junior High School pool, then a moonlight supper on the school lawn. The guests, from many states of the Union, felt that they had been given a warm welcome to Arkansas.

California: San Francisco.—Evelyn Wood, an Illinois Training School graduate and a recent chief nurse in the Army Nurse Corps, has been made superintendent of the San Francisco Training School. She was the guest of honor at a recent meeting of the Alumnae Association.

Colorado: Denver.—THE COLORADO TUBERCULOSIS ASSOCIATION has been fortunate in securing the services of Dr. Wm. R. F. Emerson, of Boston, for a two weeks' institute on the Nutritional Problems of Children. The institute will be held in Denver from October 18 to November 1, where excellent facilities for demonstration purposes are available. The institute is being conducted especially for physicians, public health nurses, dietitians, social workers, physical education, and home economics teachers and other persons interested in nutrition. The course is not limited to residents of Colorado, but is available to students from neighboring states. The tuition for this course is \$35.00. Applications for enrollment should be made at once to the

Colorado Tuberculosis Association, 409 Barth Building, Denver.

Connecticut: THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held a meeting on August 9 at the Red Cross Home of the U. S. Veterans' Hospital, Allington. Major Prince welcomed the nurses and invited them to visit the buildings and grounds. After the business meeting, Elizabeth Siglew gave an interesting report of the convention at Seattle. Sarah Hyde and Harriet Gregory added their impressions. The members voted their earnest support to the Sheppard-Towner bill when it is presented to the state legislature. Miss Evers and her staff served luncheon, after which the buildings and grounds were visited. New London.—THE JOSEPH LAWRENCE TRAINING SCHOOL FOR NURSES held graduation exercises for a class of eleven on the evening of May 3 in Plant Hall. The address was given by the Hon. Lucius E. Walton. Frederic W. Mercer, president of the Board, presented the diplomas. The Alumnae of the school gave a banquet to the graduation class preceding the exercises. Mrs. Herbert Crandall presented the school pins and companion cases, the gifts of the Women's Auxiliary. A reception and dance followed for the nurses and their guests. THE WOMAN'S AUXILIARY OF THE LAWRENCE AND MEMORIAL ASSOCIATED HOSPITALS held a bazaar on the hospital grounds during the afternoon and evening of July 26, which was one of the social events of the season. At noon there was a carnival parade with ambulances and sixty cars in line. On the grounds were attractions and thirty booths open to the public. The net receipts were \$7,500.

Delaware: Wilmington.—M. Louise Pugh has resigned as superintendent of the Homeopathic Hospital and has gone to California.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting in Orlando, November 30 and 31.

Georgia: THE GEORGIA STATE ASSOCIATION will hold its annual meeting in Macon in October.

Illinois: Chicago.—LAWRENCE TOWN, a graduate of Mercy Hospital, took the degree of Bachelor of Laws on June 3, having studied at night school while holding the position of

assistant superintendent of nurses at the Municipal Tuberculosis Sanitarium. ST. JOSEPH'S HOSPITAL graduates are reported as follows: Five of the Alumnae attended the Seattle convention; Katherine Bowens, class of 1918, is a floor supervisor at the Children's Hospital, Philadelphia; Grace Corsaw, class of 1921, is surgical supervisor at the Aurora Hospital, Aurora; Margaret Keenan, class of 1920, has entered the Marillac Seminary, St. Louis; Gertrude Anderson, class of 1913, Norwegian-American Hospital, is obstetrical supervisor of that hospital after a special course at the Lying-in Hospital. MICHAEL REESE HOSPITAL graduates are reported as follows: Leola Colquhoun has accepted a position in the X-ray department of the hospital; Florence Parrott, supervisor, and H. Friberg and Zoe Lutz, assistant supervisors, have resigned their positions; Camille Booth, 1908, is at Banes, Cuba, in the medical department of the United Fruit Co.; Miss E. Suhr, who was awarded the Columbia scholarship, class of 1921, is staying a second year to take her degree; A. Trutter, class of 1921, has established a maternity department at St. Mary's Hospital, Streator; Martha Ellis, class of 1920, is holding a position in the Minneapolis Maternity Hospital; Eva Way and Laura Nusser are supervisors at the Children's Hospital, Pasadena.

Indiana: THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold its semi-annual examination for the registration of graduate nurses Wednesday and Thursday, November 8 and 9, 1922. This examination will be held at the State House, Indianapolis. At the State Board meeting in May, Elizabeth E. Springer, superintendent of the Huntington County Hospital, was elected president of the Board to succeed Nellie G. Brown; Miss Brown was elected vice-president, and Ida Jeanne McCaslin was re-elected secretary-treasurer. The Governor recently appointed Clare Brook of Indianapolis as a member of the Board to succeed Katherine McManus of Greensburg. THE INDIANA STATE NURSES' ASSOCIATION will hold its twentieth annual convention at the Lincoln Hotel, Indianapolis, October 2, 3, 4. Monday will be given to the League and Tuesday to the Private Duty Session. Adda Eldredge will speak

at both sessions. Wednesday will be devoted to the Public Health nurses, when Edna L. Foley will speak. **Indianapolis:**—AN INSTITUTE FOR SUPERINTENDENTS AND INSTRUCTORS was held at the Protestant Deaconess Hospital September 11-13 with the following programme: Sept. 11, Introduction, Elizabeth Springer, President of the Examining Board; The Survey in the Nursing Schools in Indiana, Mary Gladwin, Educational Director; Sept. 12, Teaching Practical Nursing, Nellie G. Brown; demonstration: Nursing Procedures, nurses of preparatory class of Indiana University Training School, conducted by Mary M. Peterson; The Organization and Duties of the Nursing Staff, Mrs. Ethel P. Clarke; Teaching in Schools of Nursing, Mary E. Gladwin; Sept. 13, A Summary of the Exhibit on Records, Lizzie Goepfinger; Question Box, Ida McCaslin. A full discussion followed each topic presented. THE THIRD ANNUAL CONFERENCE OF PUBLIC HEALTH NURSES will be held at the Lincoln Hotel, Indianapolis, immediately following the State meeting. This Conference is held under the direction of the Division of Public Health Nursing of the State Board of Health. Attention will be given to all phases of Public Health Nursing. Edna L. Foley of the Visiting Nurse Association of Chicago will speak on Orthopedic Nursing. Helen LaMalle of the Metropolitan Life Insurance Nursing Service of New York and Malinde Havey, Assistant Director of Red Cross Public Health Nursing at Washington, will speak. Demonstrations will be given on Pre-natal and Infant Welfare Nursing and the Visit to Communicable Disease Cases. A special excursion is planned to the several departments of the State Board of Health. The following nurses have been appointed to Public Health positions: Dorothy Rowe Cortner, Wayne County Board of Education; Sybil Kitchen, Porter County Local Red Cross and T. B. Association; Rose Armstrong, Bartholomew County Local Tuberculosis Association; Martha Garrison, Martin County Local Red Cross; Lydia Jordan, Laporte City Board of Education; Helen Geltenbort, Laporte County Board of Education and Red Cross Chapter; Mayme Swank, Stuben County Local Red Cross Chapter; Mrs. Dolores Gilpin, Anderson

(City) P. H. N. Association; Isobel Devlin, Superintendent R. C. P. H. N. Association of Ft. Wayne and Allen County; Flora Thomas, Gas City Board of Education; Mattie Fister, Muncie (City) P. H. N. Association. THE NURSES' CENTRAL DIRECTORY has arranged for a series of conferences for private duty nurses to be held at the Directory the first Wednesday of each month. The subjects to be discussed will be selected from a question box. Any registered nurse doing private duty in District No. 4 may send in a question for this box. The first of this series of conferences will be held October 4, and the subject will be Parliamentary Law. Delavan Smith, owner of the *Indianapolis News*, who died recently, left \$100,000 to the Methodist Episcopal Hospital to be used for the erection of a maternity or children's hospital. The Training School enrolled sixty students in the September class. The Indianapolis City Hospital Alumnae Association met at the hospital September 9. Josephine Mulville, superintendent of the training school, addressed the meeting, and spoke very encouragingly of the future for the school. Following the meeting, the nurses enjoyed a pleasant social hour. The 1921 class of the Indianapolis City Hospital held a reunion at Lake Wawasee the week of August 2. They rented a cottage and spent a very pleasant week cooking, fishing, and talking over school days. St. Vincent's Hospital Alumnae Association held its regular meeting at the hospital September 5. After the business meeting the nurses spent a very interesting and instructive hour discussing local politics. **TURKE HANTS.**—THE ALUMNAE ASSOCIATION, FACULTY AND STUDENT NURSES OF THE UNION HOSPITAL held a successful fete in the early summer to raise money for the Jane A. Delano Memorial Fund. The proceeds were over \$380. Tickets for dances, refreshments, and soft drinks were sold. Cakes were donated; ice cream and soft drinks were given at cost. Lumber, piano, lanterns, and publicity were donated. Posters were made and were displayed in business houses the week of the fete. The labor required for putting up the platform was donated by the employees of the Mallock Iron and Steel Works. **RICHMOND.**—THE NURSES' ALUMNAE ASSOCIATION OF REED MEMORIAL HOSPITAL held a

picnic supper on August 4 at Glen Miller Park. **ELKHART.**—THE SUCCESS DISTRICT ASSOCIATION held its meeting September 2 at the Elkhart Hospital. The programme was devoted to Public Health Nursing. Lillian Cannon, School Nurse of South Bend, gave a report of the National Organization of Public Health Nurses' meeting at Seattle. Fannie Thomas of Rochester explained the work of the first full-time health unit in the state which is operating in Fulton County. Ina Gunkill, Director of Public Health Nursing for the State Board of Health, addressed the meeting. About forty nurses were in attendance.

IOWA: District 2. Ottumwa.—A meeting of District 2 was held at Centerville June 10. Luncheon was served at St. Joseph's Hospital after which an interesting programme was given. The Weller-Morgan Company served dinner at the Country Club in honor of the visiting nurses. Elizabeth Collins of Monmouth Memorial Hospital, Monmouth, N. J., has accepted the position as superintendent of the Ottumwa Hospital. Mrs. Marie Wellman is taking a course in laboratory work at New York City. Two nurses from District 2 attended the nurses' convention at Seattle. **Cedar Rapids.**—Catherine Marie Welch, class of 1917, Mercy Hospital, was received into the order of Sisters of Mercy August 15, and will be known as Sister Mary De Lella. **Des Moines.**—Sister Mary Thomas is the new superintendent of Mercy Hospital. Sister Mary Agnes succeeds Alice Paul as operating room nurse. Goldie Hartman has given up her work as school nurse in Montana and has returned to her home in Dunkerton. Mary Harney, assistant superintendent of school nurses, has been granted a six months' leave of absence because of ill health. **Council Bluffs.**—Dorothy Catlin, class of 1922, Jennie Edmundson Memorial Hospital, has been appointed night supervisor in the hospital. **Washington.**—Neta Trent, graduate of the Jefferson County Hospital, has been appointed night supervisor in the Washington County Hospital. **Fairfield.**—Marie Wright, county nurse, has arranged for an exhibit of a model town at the Chautauque. THE JEFFERSON COUNTY HOSPITAL ALUMNAE

ASSOCIATION is asking each member to pledge one day's earnings to the Relief Fund.

Kansas: Topeka.—**EMMA IRVING**, class of 1914, Christ's Hospital, is returning to Ningpo, China, after a year's furlough, as superintendent of nurses in a mission hospital.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold examination for state registration on Tuesday and Wednesday, November 21 and 22, at the J. N. Norton Memorial Infirmary, Louisville. For applications and information, apply to Flora E. Koon, secretary, 115 N. Main St., Somerset.

Louisiana: THE LOUISIANA NURSES' BOARD OF EXAMINERS held the semi-annual examination in New Orleans and Shreveport June 26 and 27. Sixty-eight applicants qualified as registered nurses.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its fall meeting at Gloucester October 7. **Boston.**—**THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION** announces its plans for meetings at Voss House as follows: October 3, Report of the Convention, Ellen C. Daly; November 7, The General Health of Boston, Francis X. Mahoney, M.D.; December 5, Medical Inspection, William H. Devine, M.D.; January 2, A Get-together Party, Alumnae and students; February 6, Relation of Vocational Guidance to the Profession of Nursing, Susan J. Ghan; March 6, Tubercular Problems of Boston, Arthur J. White, M.D.; April 3, Training Department of the Telephone and Telegraph Company, Mary E. Harrington; May 1, The Library in the Community, Margaret A. Sheridan; June 5, Annual meeting. A course of twelve lectures on Parliamentary Law will be given by Harriet Alice Smith. **Pittsfield.**—**THE HOUSE OF MERCY ALUMNAE ASSOCIATION** put forth in July the first number of its new quarterly, *House of Mercy Alumnae News*. It is a well printed, interesting, eight-page pamphlet, full of good items about the hospital, the association and its members. The Association held its annual meeting on June 7 at the Alumnae House and elected the following officers: President, Edith M. Safford; vice-presidents, Harriet M. Stanley, Abigail McSwiggan; secretary, Annie F. Foss; assistant secretary, Mrs. Eva Clark;

treasurer, Mary K. Kohl; assistant treasurer, Lizzie L. MacNeill.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for registration of nurses on November 7-8. Application should be made to the Secretary, Mrs. Helen de Spelder Moore, 306 State Office Bldg., Lansing. **Jackson.**—Two student nurses of The W. A. Foote Memorial Hospital were sent as delegates from their school to the convention at Seattle. Funds for sending them were raised by the students, assisted by L. Winifred Seckinger, superintendent, by giving a benefit dance and play, "All the World's a Stage," both meeting with success. The amount remaining in the students' fund for beginning the school year is \$271.31. After the convention the nurses toured the western states for two weeks and returned very much enthused over the meetings and with new ideas for their training school.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold the next examination October 6 and 7 at the New State Capitol, St. Paul. **THE MINNESOTA STATE REGISTERED NURSES' ASSOCIATION** will hold the annual meeting in Rochester October 17-20, inclusive. Minnesota nurses attending the convention at Seattle held a banquet at the Masonic Club rooms with an attendance of 180. Irene English, president of the State Association, presided as toastmistress. Among the speakers were Miss Cornelissen, Miss Cameron, Miss Nelson, Miss Patterson, Miss Sprague, Miss Wilson, Miss Westley and Dr. R. O. Beard. **St. Paul.**—**THE FOURTH DISTRICT** evening meeting, held at the Club, 577 Oakland Avenue on September 1, was very well attended in spite of rain. Reports of the Seattle convention were given as follows: The Public Health Section, Anne Lawler, St. Joseph's Hospital; The Private Duty Nurse, Marion Dodd, St. Luke's Hospital; Institutional Section, Leila Halverson, St. Paul Hospital; The League of Nursing Education, Margaret Crowl, St. Luke's Hospital. May Leeds was elected delegate to the annual meeting of the Minnesota Federation of Women's Clubs at Bismarck. Twenty-nine delegates were elected to the annual meeting of the State Association in Rochester. Refreshments

were served. Winifred Brown, Minneapolis General Hospital, has resigned her position as superintendent of the hospital at Montevideo, and has accepted a position as assistant superintendent of nurses at the City and County Hospital in this city.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION will hold its annual meeting in Columbia October 24, 25, 26. Dr. Richard O. Beard of the University of Minnesota will be the principal speaker. Columbia is the home of the Missouri State University and the nurses will be given an opportunity to visit the various departments of the College of Agriculture on the afternoon of October 24. St. Louis.—LIBERTY HOSPITAL held graduating exercises for its first graduates on the evening of June 9. Addresses were made by George Barnett and Rev. R. S. D. Putney. The diploma was presented by Dr. J. H. Crenshaw and the pin by Mrs. S. P. Franzer. A new home is soon to be purchased for the training school which will be ready by the time the new hospital is completed.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting on October 30 and 31, at the Fontanelle Hotel, Omaha.

New Hampshire: Claremont.—THE CLAREMONT GENERAL HOSPITAL ALUMNAE ASSOCIATION held its tenth annual meeting at the nurses' home May 16 with a large number present. Officers elected are: President, Gladys Larrabee; vice-president, Ethel Foote; secretary, Margaret Morrison; treasurer, Mrs. Clara Rice. The Alumnae voted to furnish a room in the new Memorial Hospital, which is being built.

New Jersey: The next examination for Certificate of Registered Nurse will be held November 17, 1922, in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to 302 McFadden Building, Hackensack, N. J.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its twenty-first convention at the Pennsylvania Hotel, New York City, October 24, 25, 26. The New York State League of Nursing Education and the New York State Organization for Public

Health Nursing will hold their meetings on the 24th. Beginning with the joint meeting of the three organizations on the evening of the 24th, the State Association will continue its sessions through the 26th. Headquarters will be at the Pennsylvania Hotel. Rates for hotels are: Pennsylvania, \$4-\$10; McAlpin, \$3.50-\$6.50; Commodore, \$4-\$10. Up-town hotels give rates from \$2.50 up, per person. Limited accommodations may be obtained at the various nurses' clubs. The chairman of the Programme Committee is Harriet Gillette. The chairman of the Arrangements Committee is Isobel Lount Evans. An outline of the programme follows: October 24, *morning*, Public Health Organization, Business. Luncheon with address by Dr. Thomas D. Wood. *Afternoon*, Address on Conservation of Vision, Reports from Seattle, Address by Sally Jean Lucas on Health Education and the School Child. *Evening*, Joint session of the three state organizations. Addresses of welcome and response, addresses by Miss Goodrich and by Dr. Jane F. Williams on Health Fallacies. October 25, *morning*, Business. *Afternoon*, Vocational Education, Mental Nursing, Psychology, Addresses by Dr. David Snodden, Ida Marker, Harriet Bailey, Mildred Hurley. *Evening*, Dinner at the Pennsylvania Hotel. October 26, *morning*, Alumnae Association, Endowments, Funds, Tuberculosis, Papers by Clara Stahley, Mrs. Marion T. Brockway, Miss Maxwell, Elizabeth Brachett, Dr. Edward S. McSwomey. *Afternoon*, Discussion of Private Duty Problems, Kate Madden, Irene B. Yokum, and others. *Evening*, Hourly Nursing, Group Nursing, The Attendant; speakers, Ella F. Sinebox, Martha St. J. Eakins, Louise Henderson. Elizabeth C. Burgen, Secretary of the State Board of Nurse Examiners, has resigned that position and is to be a member of Miss Nutting's staff at Teachers College. Harriet C. Gillette, one of the state inspectors of training schools, has resigned and is superintendent of the Episcopal Hospital, Philadelphia. Rochester.—Elin F. Reid, preliminary instructor for the three largest training schools in this city, has resigned to become the director of the Central School of Nursing, Utica. She is succeeded by Susan C. Watson, a graduate of the Newton Hospital.

The scholarship fund raised by the Alumnae Association of the Rochester General Hospital amounts to \$370.27. The president of the Alumnae Association has been made a member of the Training School Committee. Anne Forgie, class of 1903, is superintendent of nurses at the Woman's Hospital, Cleveland. Syracuse.—Miss Lightbourne, former superintendent of the Hospital of the Good Shepherd, is assisting in X-ray work in Watertown. Augusta Morse has a position at the Knickerbocker Hospital, New York. Two members of the Alumnae Association attended the Seattle convention. The sum of \$10 was given the Relief Fund in memory of members who have died. Binghamton.—Ida McAfee has resigned her position as superintendent of nurses at the City Hospital. Watertown.—Florence L. McConnell has resigned as county nurse of Lewis County and will be connected with the House of the Good Samaritan, Watertown. Oneida.—Jessie Broadhurst has resigned as superintendent of the Broad Street Hospital and will study at Teachers College Troy.—THE SAMARITAN HOSPITAL has arranged an affiliation with the Russell Sage College for a five-year course leading to a professional diploma and the degree of B.S. New York.—Frances Elizabeth Crowell, director of the Nursing Service of the Rockefeller Commission for the Prevention of Tuberculosis in France has been given by that country the insignia of the Legion of Honor in recognition of her services. At the time she went abroad she was executive secretary to the Association of Tuberculosis Clinics in this city. She is a graduate of St. Joseph's Hospital, Chicago. THE FRENCH HOSPITAL ALUMNAE ASSOCIATION held a successful strawberry festival and dance in aid of the Endowed Room Fund on June 1.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its annual meeting in the ball room of the O' Henry Hotel, Greensboro, on September 5, 6 and 7. Many phases of nursing were discussed and several excellent papers read. Among the prominent speakers was Jane Van de Vrede of Atlanta, Georgia, well known in nursing circles. The State League of Nursing Education held its annual meeting in conjunction with the state meeting. The meetings were

well attended, about two hundred and fifty nurses from the various parts of the state being present. Officers elected are: President, Pearle Weaver, Hendersonville; secretary, Harriet M. Liowski, Raleigh; the president of the Examining Board is Edith A. Kelly, Fayetteville; secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota: The North Dakota pin for registered nurse may be obtained by sending \$3 to Josephine Stennes, Good Samaritan Hospital, Rugby. Fargo.—Mrs. G. W. Fuller has been appointed superintendent of St. Luke's Hospital to succeed Dr. A. C. Fonkahrud, who resigned in June. Mrs. Fuller is a graduate of St. Luke's Hospital, St. Paul, Minn.

Ohio: Augusta Condit, Chief Examiner for Ohio State Examining Committee for Nurses' Registration Committee, has resigned her position, and Caroline McKee, who has been instructor at the Mt. Sinai Hospital, Cleveland, is taking over her work. Cleveland.—The members of the first class of the College for Women, Western Reserve University, Department of Nursing Education, took their preliminary hospital training at Lakeside Hospital this summer. Alma C. Hogle, for thirteen years superintendent of the Huron Road Hospital, has resigned. She will make her home in Boston. Cincinnati.—The student nurses of Christ's Hospital recently launched an unusually attractive monthly magazine, *The Haemostat*. The initial number carries pictures of the faculty and of the graduating class, to which it is dedicated. Mansfield.—Ethel A. Ackerman, graduate of Northwestern Hospital, Minneapolis, has been appointed full time instructress of the Mansfield General Hospital.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION will hold its annual meeting at the Severs Hotel, Muskogee, October 25-27.

Oregon: Portland.—L. Grace Holmes, class of 1902, Wisconsin Training School, has been elected president of the Oregon Public Health Nurses.

Pennsylvania: Philadelphia.—The picnic and week-end party given for the Samaritan Alumnae Association by Dr. and Mrs. D. J. Donnelly at Cornwell's August 5 and 6 was

very enjoyable. Several doctors and friends of the Association also attended. Picnic lunches were served on the lawn. The time was pleasantly passed in bathing, dancing, yachting and singing. It is hoped to make this an annual event. Edna L. Moore is back in her old post as instructress of nurses at the Samaritan Hospital, all will welcome her return. Miss Moore resigned a few years ago to go to Columbus, Ohio. **St. Agnes' Training School**, under the auspices of the Alumnae, will celebrate the silver jubilee of the school October 24-28. On the first evening a banquet will be held in the new nurses' home. All graduates of the school since 1897 are expected to be present, whether members of the Alumnae Association or not. October 27 and 28 will be given to class reunions and inspection of the new home and hospital. The Helen Fairchild Post resumed its meetings on September 12. As this is the only American Legion Post in this vicinity composed entirely of ex-service nurses, the latter are cordially invited to join it. The main summer activity was a membership drive. **Columbia.**—THE ALUMNAE ASSOCIATION OF THE COLUMBIA HOSPITAL met on July 24 at the home of Mrs. Dranning, Wrightsville. After a luncheon, Miss Enig, delegate to the Seattle convention gave an interesting report. The association will give a dance and card party some time in October. The next meeting will be held at the nurses' home, Columbia Hospital, October 12. Ada E. Johns, class of 1921, is assistant superintendent; Anna V. Price, of the same class, is night supervisor. Miss Enig has resigned as superintendent of the Centerville Hospital, Centerville, and has accepted a position at the Halstead Hospital, Halstead, Kansas. She is succeeded at Centerville by Mrs. Donovan. Two nurses were graduates from the Columbia Hospital on May 12. The address was given by H. Frank Ehlmann of Lancaster. A reception and dance followed the exercises at the nurses' home. **Altoona.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALTOONA HOSPITAL held bake sales at the Market House on June 10, 17 and 24, at which time they realized \$28 for the benefit of the building fund.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF NURSES will examine appli-

cants for state registration, at the state capitol, Wednesday and Thursday, November 15 and 16, at 9 a. m. For blanks and information, address the secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting in Knoxville, October 9 and 10. **Nashville.**—Miss Wooten, who has been for seven years superintendent of the Woman's Hospital, has been obliged to resign because of ill health and has gone to Asheville, N. C., for recuperation. Miss Wooten has been active in all the nursing work of the state and will be greatly missed. Abbie Roberts, who for the past year has been in charge of the Social Service Department of the Rochester General Hospital, Rochester, N. Y., has been appointed Professor of Public Health Nursing at George Peabody College.

Texas: THE TEXAS STATE BOARD OF NURSE EXAMINERS will conduct examinations November 16, 17, 18, at Amarillo, El Paso, Austin, Houston, Waco, and Dallas. The next Board meeting will be held at Dallas, December 16. **Eula Whitehouse**, Secretary, Route 4, Cleburne. THE TEXAS GRADUATE NURSES' ASSOCIATION held its fifteenth annual meeting in Ft. Worth, June 19-21. This is the city in which the association was organized by Jennie Cottle and fourteen other nurses. A communion service was held on the first day in St. Luke's Church at 7:30 a. m. The seven presidents who have served this organization were present.—Mrs. F. M. Beatty (nee Cottle), Retta Johnson, A. Louise Dietrich, E. L. Briant, Mrs. Grace Engblad, Wilma Carlton, and Helen Holliday. Two hundred and thirty-five members were registered, the largest attendance ever recorded. Monday, June 19, was given up to general business. The secretary's report showed that 1,245 letters were written during the year and that the membership had increased from 598, in 1921, to 820 at this meeting, that over 2,000 miles were covered by her during her trip through the state in November, and that fifty addresses were made to groups of doctors, graduate nurses, and student nurses. The afternoon session was given to the reading and discussion of the following papers: Self Government, Mary Grigby, Waco; A.

Higher Standard of Preliminary Education for Student Nurse, Helen Blington, Wichita Falls; The Graduate Special Nurses on Duty in Training School, E. L. Brient, San Antonio; The Personality of the Nurse, Mrs. Joe Smith, Amarillo; Laboratory Work, Sadie Goble, Temple. At 7 p. m., automobiles took the nurses around the loop of Worth Lake, where a picnic supper was served and the entire convention embarked on a large boat and the evening session was held on the boat where it was cool and delightful. The following papers were read: Private Duty Section. Katharine Kitchell, presiding: The Private Duty Nurse, Mrs. Sabina, Austin; Child Welfare, Mary Smith, Dallas; Care of Gynecological Patient, Sophie Rudwick, Galveston; Should Nurses Other than Association Members Be Permitted on the Registry? E. D. Greene, El Paso. The League of Nursing Education took charge of the morning session on June 20 and the regular routine of business was carried out. A paper on Teaching Dietetics in Schools of Nursing was discussed and a committee appointed to investigate the courses being taught in the Public Schools. A paper by Jane Duffy, of the Public Health Department, Texas University, on Shall We Be Educated? was greatly enjoyed. These were followed by practical demonstrations by Catherine Duvall, of Baylor Hospital, Dallas, and Wilma Carlton, Temple Sanitarium, Temple. Gladys Lastinger, Waco, was elected president and Jane Duffy, Austin, secretary. A get-together luncheon for Public Health Nurses resulted in thirty-five being present. The afternoon session was given up to the Public Health Division, and was presided over by Mary Kennedy. This was a most interesting session, full of pep and discussions. A variety of papers were read: Address, Dr. Holman Taylor, Ft. Worth; The Value of Public Health Nursing, Major White, U.S.P.H. Service; The Story Hour, Miss Hammer, Uvalde; A New Venture, A. Louise Dietrich, El Paso; The Public Health Nurse, A. Abchier, Dallas; The School Nurse, Kathryn Camp, Houston; address, Training Student Nurses in Care of Tuberculous Patients, Mrs. Hazel, Austin. A banquet was served by the ladies of the Christian Church on Tuesday evening and toasts were pre-

sented by chairmen of local organizations and nurses. On Wednesday morning two papers were presented: Personal Hygiene, by Mrs. I. A. Hathaway, Dallas, and Anesthesia, by Mrs. Joe Easton, Galveston. The proposed bill for registration was then read, discussed, changes made, and the Legislative Committee appointed with A. Louise Dietrich, El Paso, Chairman. The reports from the eleven districts showed a great deal of activity during the year. It was found that all the active alumnae associations in the state had reorganized under the new constitution and by-laws approved by the A.N.A. The following officers were elected: President, Helen Holliday, Baylor Hospital, Dallas; vice-presidents, Mollie Hines, Ft. Worth; Anne Taylor, San Antonio, and Virginia Perkins, Houston; secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso; directors for two years, Mary Grigsby, Waco, Wilma Carlton, Temple. Thirty nurses represented the Lone Star State at the convention meeting in Seattle. The following chairmen of committees were appointed at the end of the meeting: Legislative, A. Louise Dietrich, El Paso; *American Journal of Nursing*, A. Taylor, San Antonio; Delano Fund, C. K. Duvall, Baylor Hospital, Dallas; Nurses' Relief, E. D. Greene, El Paso; Private Duty, K. Kitchell, Galveston; Tuberculosis, Mrs. G. Engblad, Carlsbad; Red Cross, E. L. Brient, San Antonio. **PARA.—THE PARA TRAINING SCHOOL ALUMNAE ASSOCIATION** was recently organized with the following officers: President, Mary McWebb; vice-president, Winifred McLennon; secretary, Alice Herndon; treasurer, Irene Detherow.

WISCONSIN: THE WISCONSIN STATE NURSES' ASSOCIATION and the Wisconsin League of Nursing Education will hold a joint meeting at Oshkosh, October 4, 5, and 6, 1922. An interesting programme is being prepared, and all nurses are cordially invited. **THE THIRD ANNUAL CONFERENCE ON CHILD WELFARE AND PUBLIC HEALTH NURSING** was held in Madison, August 14-19, in conjunction with the sixth Biennial Conference of Health Officers. The entire programme was full of interest. **THE WISCONSIN CONFERENCE OF THE CATHOLIC HOSPITAL ASSOCIATION** held its third annual meeting at St. Mary's Acad-

emy, St. Francis, August 24 and 25. The papers were on practical subjects of interest to hospital administrators and nurses. Wisconsin nurses are proud in having the president of the American Nurses' Association as director of their Bureau of Nursing Education. Milwaukee.—STELLA S. MATHEWS, former Chief Nurse of the Milwaukee Base Hospital, No. 22, returned from Poland, where she spent the last two and one-half years in charge of the public health nurses. ELIA MCGOGERY returned from Serbia after spend-fifteen months in the service of the Red Cross organizing home nursing classes and assisting with the organization of a training school for Serbian young women. AUGUSTA GERS, graduate of St. Joseph's Hospital, Milwaukee, for the past two years County Nurse in Washington County, has resigned to accept a position as superintendent of the Maternity Hospital. MARION ROTTMAN, Superintendent of the Emergency Hospital, has returned from New York, where she spent the last year studying at Columbia University. MARY C. CUMMINGS, graduate of St. Mary's Hospital, has resigned as staff nurse of the Milwaukee County Nursing Service, and has accepted a position as supervising nurse with the Milwaukee Visiting Nurses' Association. She is succeeded by Cecilia Geising, a graduate of St. Francis' Hospital, La Crosse. ANNA M. HASWELL, a graduate of the Illinois Training School, will succeed Miss M. Pakenham, who has resigned as Infirmary Nurse at Downer College. JEANNETTE HAYS, graduate of the Wisconsin General Training School, Lakeside Hospital, has been appointed City Supervising Nurse under the Board of Health in South Carolina. Miss Hays spent one year with the Children's Bureau of the Red Cross in Paris and is at present employed as Supervising Nurse with the West Allis Board of Health. Wausau.—RUBY MCKENZIE, Barron County Nurse, has resigned to accept a position as County Nurse in Marathon County. La Crosse.—MYRA KIMBALL, Supervising Nurse, La Crosse Health Department, resigned to accept a position as supervising nurse at the La Crosse Lutheran Hospital. She is succeeded by Viola Nohr, formerly county nurse in Manitowoc County. SUE NORMAN, a graduate of the La Crosse Lutheran Hospital,

has accepted the position as Director of School Hygiene in Waukesha. Fond Du Lac.—The Fond Du Lac Nurses' Club held its August meeting at the Wisconsin Industrial Home for Women at Taycheedah.

Wyoming: THE WYOMING STATE NURSES' ASSOCIATION held its annual convention in Cheyenne, July 11-12, with a good attendance of local nurses and several representatives from over the state. The morning was given over to the annual address by the president, Ida Mae Stanley, of Rock Springs, the keynote of which was an optimistic outlook of the organization. Much progress has been made, and for the first time in its history, the State Association was in a position to send a delegate to the national convention, held in Seattle. The members enjoyed a banquet and programme in the evening. The next day was given over to general routine business with two splendid addresses from local physicians as a conclusion. The following officers were elected: President, Ida Mae Stanley, Rock Springs; vice-president, Mrs. Nelson, Casper; secretary, Mrs. Clyde Peterson, 2004 Maxwell Street, Cheyenne; treasurer, Mrs. H. C. Olson, 605 E. 21st Street, Cheyenne.

BIRTHS

To Mrs. Berna (graduate of the West Side Hospital, Chicago), a son, in August.

To Mrs. John Nichol (Bertha Beyer, graduate of Jennie Edmondson Hospital, Council Bluffs, Iowa), a son, August 25.

To Mrs. Lawrence Schutte (Frieda Bishop, class of 1919, Reid Memorial Hospital, Richmond, Ind.), a son, Robert Lawrence, July 31.

To Mrs. Roach (Miss Blake, St. Bernard's Hospital, Chicago), a daughter, in July.

To Mrs. Alexander Stewart (Dorothy R. Brander, class of 1915, Joseph Price Hospital, Philadelphia), a daughter, Jane Rambo, August 9.

To Mrs. Jesse Messer (Muriel Cornell, class of 1919, Hahnemann Hospital, Chicago), a son, in August.

To Mrs. John Bogart (Gertrude Cullen, class of 1918, White Plains Hospital, White Plains, N. Y.), a daughter, Elizabeth Genevieve, August 11.

To Mrs. Brown (Lucile Dunn, graduate of Michael Reese Hospital, Chicago), a son, in July.

To Mrs. John Flannery (graduate of St. Elizabeth's Hospital, Chicago), a daughter, in August.

To Mrs. Herman Weishar (Gladys Fowler, class of 1918, Evanston Hospital, Evanston, Ill.), a daughter, in August.

To Mrs. Richard Gordon (class of 1920, French Hospital, New York), a son, in July.

To Mrs. H. Harrington (Colette Griffin, Des Moines, Iowa), a son, July 7.

To Mrs. Jetson Cook (Mary Hastings, class of 1920, Lankenau Hospital, Philadelphia), a daughter, Marjorie Hastings, July 22.

To Mrs. Fred Cope (Eather Herah, class of 1920, Christ's Hospital, Topeka, Kas.), a son, June 17.

To Mrs. William Sherman Powers (Winifred Jessie Hodge, class of 1907, Butler Hospital, Providence, R. I.), a son, Raymond William, July 5.

To Mrs. C. L. Arne (Catherine Holmen, class of 1913, Jane McAlister School of Nursing, Waukegan, Ill.), a son, July 1.

To Mrs. G. P. Johnson (graduate of the Victory Memorial Hospital, Waukegan, Ill.), a son, in July.

To Mrs. Z. M. Johnson (Inez Jones, class of 1919, Presbyterian Hospital, New York), a son, David William, at Nellore, South India.

To Mrs. John Reard (Luella King, graduate of Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), a son, in August.

To Mrs. Lehr (class of 1918, French Hospital, New York), a son, in July.

To Mrs. Paul Bonfield (Miss Liston, St. Bernard's Hospital, Chicago), a daughter, in July.

To Mrs. David E. Hauvan (Mary McManman, class of 1916, Mercy Hospital, Chicago), a son, September 4.

To Mrs. Herbert Arnold (Beatrice Mahoney, class of 1918, Samaritan Hospital, Lebanon, Pa.), a son, Herbert, Jr., April 4.

To Mrs. Walter Probst (Mabel Morrison, class of 1920, Methodist Episcopal Hospital, Brooklyn), a daughter, August 3.

To Mrs. James J. Hickey (Marie Neville, class of 1913, St. Joseph's Hospital, Philadelphia), a daughter, Rosemary, July 23.

To Mrs. Roswell Beattie (Blanche Reed, class of 1918, House of the Good Samaritan,

Watertown, N. Y.), a daughter, Ruth Naomi, August 26.

To Mrs. Harold Valier (Myrtle Slate, class of 1918, House of the Good Samaritan, Watertown, N. Y.), a daughter, Joan, August 28.

To Mrs. G. P. Johnson (Laura Stanberg, class of 1910, Jane McAlister School of Nursing, Waukegan, Ill.), a son, July 17.

To Mrs. Charles Plath (Mona Weide, class of 1920, Christ's Hospital, Topeka, Kas.), a son, July 5.

To Mrs. L. M. Dawson (Edith Wheeler, class of 1907, Christ's Hospital, Topeka, Kas.), a daughter, in June.

MARRIAGES

Celia Baker (class of 1918, House of the Good Samaritan, Watertown, N. Y.), to George Twiss, August 25.

Anita T. Bishop (class of 1916, Chester County Hospital, West Chester, Pa.), to Richard W. Reed, June 14. At home, Bryn Mawr, Pa.

Bess B. Blaindell (graduate of the Lakeside Hospital, Milwaukee, Wisconsin), to A. B. Loofbourow, on July 29. At home, Milwaukee.

Dora Jean Bradwell (graduate Iowa Methodist Hospital, Des Moines), to Dr. Phillips, September 3.

Marie Breible (class of 1920, St. Elizabeth's Hospital, Chicago), to Robert Stewart, June 5.

Ethel B. Burkman (class of 1917, Frederick City Hospital, Frederick, Md.), to H. Hubert Bowers, June 24. At home, Adamstown, Md.

Elsie Burhardt (Augustana Hospital, Chicago), to Mr. Walther, in August.

Mrs. Agnes P. Clark, to Edward Heasley, at Fort Bayard, N. M., May 10. At home, Hurley, N. M.

Mary Lucile Clark (class of 1921, Wilson County Hospital, Neodesha, Kas.), to Charles L. Killion, July 1. At home, Chanute, Kas.

Helen Cline (class of 1921, City Hospital, Springfield, Ohio), to N. L. Burrell, M.D., August 12.

Philema Elma Cloud (class of 1918, Chester County Hospital, West Chester, Pa.), June 12, to Henry J. Haynes. At home, West Chester, Pa.

Florence G. Cornes (class of 1910, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Edward Tucker, August 19. At home, Detroit.

Evelyn Victoria Cowell (graduate of Nassau Hospital, Mincola, N. Y.), to Howard M. Phipps, M.D., August 1. At home, Hempstead, N. Y.

Helen B. Cramolini (class of 1920, Winona General Hospital, Winona, Minn.), to John P. McIver, June 27. At home, La Crosse, Wis.

Helen Curry (class of 1919, Indianapolis City Hospital), July 8, to M. W. Cameron. At home, Indianapolis, Ind.

Alma Daley (class of 1919, Youngstown Hospital, to Donald Gross, August 9. At home, Hubbard, Ohio.

Emily Davis (graduate of the Hospital of the Good Shepherd, Syracuse, N. Y.), to Rev. Royal Thorngate, June 15. At home, Salemville, Pa.

Ethel DeWolfe (class of 1920, Iowa Congregational Hospital, Des Moines, Ia.), to Frank E. Cole, July 10. At home, Toulon, Ill.

Mildred Fillmore (Hahnemann Hospital, Chicago), to Walter G. Morrow, June 15.

Elma L. Gahler (class of 1915, Lutheran Hospital, La Crosse, Wis.), to Grover C. Daniel, M.D., July 11. At home, Walla Walla, Wash.

Josephine Gannon (class of 1919, St. Joseph's Hospital, Yonkers, N. Y.), to Mr. Bender, June 21. At home, New Rochelle, N. Y.

Nancy Gustafson (V.N.A. Staff, Chicago), to G. A. Nordberg, in July. At home, Evanston, Ill.

Lenah Josephine Hagenbuch (class of 1921, Washington University Training School, St. Louis), to C. D. O'Keefe, M.D., July 12. At home, St. Louis.

Helene Hascott (graduate of the Rochester General Hospital, Rochester, N. Y.), to Benjamin M. Hance, September 2. At home, Macedon Center, N. Y.

Isabelle Hayes (class of 1921, Springfield City Hospital, Ohio), to Austin Richards, June 22.

Flores Hayward (class of 1919, Rochester

General Hospital, Rochester, N. Y.), to Harlow Webber, June 14. At home, Rochester.

Maudie Hayward (class of 1918, Rochester General Hospital, Rochester, N. Y.), to Harold Lawrey, June 1. At home in Michigan.

Harriet Hoffman (class of 1919, Rochester General Hospital, Rochester, N. Y.), to John J. Klein, June 24.

Lorena S. Ingraham (class of 1916, University Hospital, Philadelphia, and former superintendent of Ottumwa Hospital, Ottumwa, Iowa), to Frederick L. Nelson, M.D., June 28. At home, Ottumwa.

Minnie Myrtle Johnson (Wesley Hospital, Chicago), to Herman George Prottinger, August 16. At home, St. Ansgar, Iowa.

Catherine J. Kane (class of 1916, Boston City Hospital, Boston, Mass.), to Richard L. Ahern, June 12.

Helen Krebs (class of 1913, Multnomah County Hospital, Portland, Ore.), to Peter Beykin. At home, White Salmon, Wash.

Gussie W. Lang (class of 1917, St. Luke's Hospital, Sioux City, Ia.), to Ben C. Bishop, July 28. At home, Montevideo, Minn.

Margaret Loeffler (class of 1921, St. Elizabeth's Hospital, Lincoln, Neb.), to Harry Simons. At home, Casper, Wyo.

Rose M. Lorink (class of 1918, Western Pennsylvania Hospital, Pittsburgh), to Walter S. Holzman, June 28. At home, Pittsburgh.

Mabel Lovelass (class of 1921, Robert W. Long Hospital, Indianapolis), to Frank Nickloff, June 24. At home, Indianapolis.

Eleanor Lundberg (class of 1920, South Side Hospital, Pittsburgh, Pa.), to A. Johnson, July 1. At home, Pittsburgh.

Mary McCarron (class of 1915, St. Joseph's Hospital, Chicago), to Thomas Johann, June 30. At home, Chicago.

Mary McDonald (class of 1916, Rochester General Hospital, Rochester, N. Y.), to William Nash, June 30. At home, Rochester.

Grace Monoley (class of 1920, Hahnemann Hospital, Chicago), to Mr. Ferrut, in June.

Hazel Ogden (class of 1920, Springfield City Hospital, Ohio), to Howard Weber, in June.

Margaret Patten (class of 1917, Michael Reese Hospital, Chicago), to Wayne Deane, in June. At home, Plain View, Minn.

Mary Leona Patterson (class of 1920, Methodist Episcopal Hospital, Indianapolis), to Harold Cecil Hampton, August 23. At home, Los Angeles, California.

Beatrice Persson (graduate of Roosevelt Hospital, Milwaukee, Wis.), to Philip J. Eisenberg, M.D., August 6. At home, Milwaukee.

Edna Peters (class of 1916, Christ's Hospital, Topeka, Kas.), to S. J. Richardson, June 22. At home, Soledad, Calif.

Margaret E. Paul (St. Elizabeth's Hospital, Utica, N. Y.), to Franklin L. Connors, June 28. At home, Utica.

Pauline Pfaffman (Hahnemann Hospital, Chicago), to Roland Wisler, June 14.

Mary Katherine Pierce (class of 1921, Chester County Hospital, West Chester, Pa.), to Glenn C. Campbell, M.D., June 15. At home, Brownsburg, Va.

Marjorie S. Polleys (class of 1920, Claremont General Hospital, Claremont, N. H.), to Harold F. Burnham, August 16. At home, Bristol, Conn.

Mrs. Della Poston (class of 1911, Hahnemann Hospital, Chicago), to Mr. Taylor, June 28.

Anna S. Robinson (graduate of Cleveland General and St. Luke's Training School), to William T. Ballou, June 27. At home, Cleveland.

Estell Sager (Englewood Hospital, Chicago), to Paul Carbon, June 3.

Marie Sawick (Augustana Hospital, Chicago), to Theodore Paulsen, in August.

Edna Schmidt (Augustana Hospital, Chicago), to Arthur Anderson, in June.

Martina Schminck (graduate of Joseph Price Hospital, Philadelphia), to Rev. Mervyn Mouch, August 20. At home, Millinburg, Pa.

Clara Schneider (class of 1915, Michael Reese Hospital, Chicago), to Frank Dennisbeck, July 7.

Anna Dee Schuyler (class of 1918, Rochester General Hospital, Rochester, N. Y.), to W. Robert Neal, June 7. At home, Pittsford, N. Y.

C. Schwartz (class of 1912, Michael Reese Hospital, Chicago), to Richard Anderson, M.D., June 24.

Fluorence M. Seerist (class of 1917, Lock

Haven Hospital, Lock Haven, Pa., a former member of Base 27), to Frank E. Baldwin, August 19. At home, Flint, Mich.

Esther Silberman (Health Department Staff Nurses, Chicago), to Frederick Steinhog, in June.

Maud Sneed (class of 1920, St. Joseph's Hospital, Chicago), to Everett Honlon, June 24. At home, Brooklyn, N. Y.

Elma Soland (class of 1919, Fairview Hospital, Minneapolis), to Sigvald C. Sneed, August 23. At home, Stanley, Wis.

Rose O. Streborg (class of 1916, West Side Hospital, Chicago), to A. J. Gerich, M.D., August 28. At home, Cleveland, O.

M. Elizabeth Strong (class of 1921, Chester County Hospital, West Chester, Pa.), to David N. Showalter, June 14. At home, West Chester, Pa.

Agnes Weberg (class of 1917, Mercy Hospital, Davenport, Iowa), to William Beuthlen, August 30. At home, Chicago.

Nellie Wilcox (class of 1915, Hahnemann Hospital, Chicago), to Clayton Bishop, June 10.

Grace M. Wilder (class of 1920, Claremont General Hospital, Claremont, N. H.), to Arlen E. Spaulding, June 26. At home, St. Albans, Vt.

Hannah Wilson (class of 1921, St. Elizabeth's Hospital, Lincoln, Nebr.), to Avery Young, At home, Lincoln.

Nora Cameron Winhart (graduate of Nassau Hospital, Mineola, N. Y.), to George Albert Newton, M.D., August 22. At home, Freeport, N. Y.

Laura Woodworth (class of 1915, House of the Good Samaritan, Watertown, N. Y.), to Harold Binnett. At home, Watertown.

Mary Zoeffel (class of 1912, South Side Hospital, Pittsburgh, Pa.), to George Sutter, July 2. At home, Pittsburgh.

Edith D. Zuchsmitt (class of 1920, Arlington Memorial Hospital, Arlington, Pa.), to James A. Daly, June 24. At home, Whitford, Pa.

DEATHS

Josephine Arbitter (class of 1917, St. Francis' Hospital, Santa Barbara, California), at her home in Alexandria, Milan, August 23.

Lillian Baruchel (class of 1921, Hahnemann Hospital, Scranton, Pa.), on July 24,

following an operation for appendicitis. Miss Barschel was a member of her alumnae association.

Caroline W. Bentley (class of 1901, S. R. Smith Infirmary, Staten Island, N. Y.), on August 2, in Providence, R. I.

Charlotte Eva Bolles (class of 1907, Worcester Hospital, Worcester, Mass.), on July 30, at Santa Monica, California. Miss Bolles was accidentally injured in February, 1918, while serving overseas in France. She continued to practice her profession for a time until increasing illness and paralysis made this impossible. As she had no near relatives, she was tenderly cared for by her sister nurses, many giving time and money in order that she might have proper care. She had not applied early enough for government help, and so had difficulty in securing aid from that source. A friend with whom she lived, a teacher, was also most devoted and generous. She was buried with military honors.

Laura Brewar (class of 1915, Michael Reese Hospital, Chicago), in August, at Winfield Sanitarium, where she had been a patient for many months past. Miss Brewar enlisted with Unit 14 for overseas service and remained with the unit until it was disbanded. Shortly after her return from France she was compelled to give up work because of failing health and gradually grew worse until the end came.

Mrs. May C. Climer Norton (class of 1897, Portland Homeopathic Hospital, Portland, Ore.), on May 22, at Homer, Alaska. Mrs. Norton's career had been marked by many patriotic and heroic adventures. She was one of the first nurses to go to the Philippines in Army service in 1899, remaining there until 1901. Returning, she took post-graduate work at the Sloane Maternity Hospital. In 1905 she was sent to Panama and was stationed at both Colon and Christobal. Her health becoming impaired, she came to Washington, D. C., where she remained for six months, then to Portland, where she did nursing until 1916, when she was married. She was a member of the Red Cross. Heroic work was done for the Indians in Alaska during the influenza epidemic, working alone, without medical aid, often the only white

woman in the vicinity. She once made a trip by dog team for three hundred miles, the only woman in the company. She was a genuine pioneer and is mourned by many devoted friends in many places.

Mrs. Ferris F. Dowling (Ethel Pearl Morrison, class of 1909, Claremont General Hospital, Claremont, N. H.), in Vancouver, B. C., in June.

Mary Furniss (class of 1907, Homeopathic Hospital, Pittsburgh), on July 16, at the hospital. Miss Furniss was a private duty nurse except for five years spent in the relief department of the Westinghouse Company. She was an active member of her alumnae association and had been its secretary for the past few years. Seven weeks before her death she became suddenly ill with heart trouble. Her untimely death is a great loss. She endeared herself to many by her noble and lovable qualities.

Margaret L. Gavin (class of 1918, Claremont General Hospital, Claremont, N. H.), in Los Angeles, California, in July. Miss Gavin came to her death in a most tragic manner, falling a distance of only three feet, but in such a manner as to break her neck and crush her spine. She lived eleven days after the accident. Burial was at her former home, Lawrence, Mass. Miss Gavin had done private nursing since graduation and will be greatly missed by all who knew her.

Christine Fraser Grant (class of 1891, Illinois Training School, Chicago), on March 20, in Glasgow, Scotland, after an illness of two months. Miss Grant was one of the Assistant Superintendents under Miss McIsaac, and was the supervisor at the Presbyterian Hospital for many years.

Helen B. Grievé (class of 1891, Rhode Island Hospital, Providence, R. I.), on June 27, in New Bedford, Mass. Miss Grievé died of heart trouble, two hours after returning from a radio concert which she attended with friends. Miss Grievé practiced her profession as a private duty nurse in Providence till 1912, when she took the position of House Mother at the Rhode Island Hospital Nurses' Home, where she remained four years and was loved by all her associates, from the highest to the lowest. Resigning in 1916, she went to New Bedford, where she opened a

home for convalescents, until about two years ago, when her health failed and she gave up her work as nurse, though no one ever saw her idle when able to be about. She was born in Scotland. She was president of the Rhode Island Hospital Nurses' Alumnae Association at one time.

Margaret Marlow Heffernan (class of 1911, Northwestern Hospital, Minneapolis, Minnesota), on June 5. Miss Heffernan was a native of Scotland, coming to America in 1907. She became a United States citizen in 1919. Miss Heffernan was instantly killed in an automobile accident at San Jose, California. She was engaged in private nursing until the date of her death. Her sterling qualities and loyal devotion to friends and profession will be a lasting memory to all who knew her.

Anna W. Jensen (class of 1917, Hackensack Hospital, Hackensack, N. J.), at the home of her aunt, Bronx, N. Y. Miss Jensen went overseas shortly after her graduation, with the Army Nurse Corps. While over there she contracted tuberculosis, which continued its ravages after her return to America. She received treatment at Oteen, N. C., and Denver, Colo. She was buried with full military honors at Woodlawn Cemetery, New York.

Mary Edith Katan (class of 1903, Danbury Hospital Training School, Danbury, Conn.), in June, 1922. Miss Katan was engaged in private work for many years. Her niche in life she filled with devoted love and service, a duty of singular service to her immediate family. Who can tell how far the ripple of her love and service will extend?

Eleanor Ketch (graduate of the Hospital of the Good Shepherd, Syracuse, N. Y.), on June 18, in New York, of intestinal obstruction.

Bertram Kemp (Butler Hospital, Providence, R. I., and the Boston City Hospital), on June 1, at Butler Hospital, after a long illness. Mr. Kemp was for years supervisor of the male side at Butler Hospital and his services were invaluable. His place will be hard to fill.

Elizabeth Laurie Knowles (class of 1920, Central Marine General Hospital, Portland, Maine), on July 19, at the Dee Hospital, Ogden, Utah. Miss Knowles appeared to be

in her usual health and was on special duty with a patient. When she failed to respond to her patient's call in the early morning, it was found that she had passed on. She was buried in uniform, six doctors acting as bearers, and the graduate nurses of the city attending in a body. Miss Knowles had taken postgraduate work at the Presbyterian Hospital, Chicago, and at the Massachusetts Eye and Ear Infirmary. For many years she was the only graduate nurse in Ogden; she leaves many friends.

Katherine McGrath (class of 1906, House of Mercy, Pittsfield, Mass.), July 24, at the hospital, after a lingering illness.

Agnes Hegarty Mattimoe (class of 1907, St. Joseph's Hospital, Providence, R. I.), on June 1, in Providence. Mrs. Mattimoe was a successful private duty nurse until her marriage a few years ago.

Anna Mooney (class of 1913, Mercy Hospital, Cedar Rapids, Iowa) on August 3, at DeWitt, Iowa, after a long illness contracted while nursing.

Katherine Walters Ortel (graduate of the Hospital of the Good Shepherd, Syracuse, N. Y.), in April, in California.

Helen Haley Richardson (class of 1894, Boston City Hospital, Boston), on June 11, at the hospital, following an operation.

Mary Wood (class of 1895, St. Luke's Hospital, St. Paul), suddenly, at her home in St. Paul. Miss Wood was one of the pioneer nurses in Minnesota, and her death came as a shock to her many friends.

Bessie Dawson (class of 1917, St. Luke's Hospital, Philadelphia), on August 19, at the West Chester, Pennsylvania, Hospital, after an illness of one month from a third recurrence of a mastoid involvement. Burial was at Paoli, Pa. The classmates of Miss Dawson learned with profound sorrow of her death.

THE PENNSYLVANIA STATE ASSOCIATION will hold its annual meeting at Wilkesbarre, October 24-27. Instructors' Institute, October 27-28. Headquarters, Hotel Sterling.

The October JOURNAL is the first of Volume XXIII.

See page 84 for the standing of your state, and our special offer to alumnae associations.

BOOK REVIEWS

WHAT IS SOCIAL CASE WORK? By Mary R. Richmond. Russell Sage Foundation, New York. Price, \$1.

This book is divided into eleven chapters. The introduction discusses the development of the character of Helen Keller, by Miss Sullivan, through the unconscious method. It is an excellent forerunner of the points that the author wishes to bring out in the text. Six typical examples of social case work are dealt with in Chapters II and III, including the difficult maladjusted girl who is not defective and a small boy in need of a home. The purpose of quoting cases is not to discuss method, but to bring out what social case work is and why it is. Chapter IV defines social case work, of which the author says:

It is easy to be pleased with the results of Social Service when we measure them just after the first changes for the better, or when we see them from one angle and no more. But when we dare to examine them from the point of view of life as a whole, with the permanent welfare of the individual and of society in mind, we are applying a much severer test of values.

Social case work seems to have been converted in late years into one central idea, namely, the development of *personality*. In this chapter there is an interesting discussion on the difference between *individuality* and *personality*. Chapter V discusses the passing of the "solitary horseman" views of the individual. Stress is laid on the importance of a proper background of the individual if good social case work is to be accomplished. Only in utilizing this background can the proper adjustments be

made. Physical care, mental health, vocational training, change of occupation, are discussed. Chapter VI deals with Individual Differences. It is well summarized in the following thought:

An instinctive reverence for personality, especially for the personality least like his own, must be part of a case worker's native endowment.

Chapter VII discusses the Basis of Purposeful Action and emphasizes the necessity for allowing the individual to help himself. The case worker like the doctor, helps the sick to heal themselves. In Chapter VIII, The Home, the discussion is brought from the more abstract consideration to the close contact in the home group. Chapter IX is a discussion of School, Workshop, Hospital, Court, in their contribution to the development of personality; while Chapter X discusses forms of Social Work and their interrelations. The author points out three other forms of social work which may develop: *group work*, *social reform*, and *social research*. These can be developed only through accurate case work. Miss Richmond says in Chapter XI that it is not enough for social workers to speak the language of democracy; they must have in their hearts the conviction of the infinite worth of our common humanity. Chapter XII sums up the discussion, emphasizing: (1) that human beings are interdependent; (2) that human beings are different; (3) that a human being needs to participate in making and carrying out plans for himself. These three points give the meat of the whole volume. The student in "Social

Economy" has been expecting a second volume from Miss Richmond which would go into the subject of "Social Treatment." It is believed that it is not her intention that "Social Case Work" should be used as a volume two of "Social Diagnosis" but probably is a forerunner to another volume to be given out later. This book is well worth reading by every public health nurse. The book is most valuable for the stimulation it gives us to more general reading along social and psychological lines.

GRACE L. ANDERSON, R.N.,
Superintendent, Municipal Nursing Service, St. Louis, Mo.

MANAGEMENT OF THE SICK INFANT.

By Langley Porter, B.S., M.D., M.R.C.S. (England) and William E. Carter, M.D. C. V. Mosby Company, St. Louis, Mo. 654 pages. Illustrated. Price, \$7.50.

In the foreword of this interesting textbook on the care of sick children, the writers express hope that their presentation of things that have aided them in dealing with sick children may be of help to other physicians and through them of service to sick infants. Nurses as well as physicians might well be included in this very human foreword. The writers outline, in the chapter, General Considerations, what may be called the principals of good nursing care for sick infants. Throughout the entire book whether it be the chapter on hemorrhage or the one on Disease of the Intestinal Tract, the management and care of the infant in which the nurse necessarily plays so great a part is most interestingly and clearly presented. The chapter on Convulsions

and Syncope is valuable for the general information of the nurse who is sure to meet these alarming symptoms in the nursing of sick children from birth to the third year. The diseases of which convulsions may be a symptom and the medication or treatment which may be ordered are briefly given. In Part III, the methods of procedure of many different treatments are given, accompanied by excellent illustrations showing the position of the child, listing the equipment needed, and giving the procedure in detail. All this is fully explained in the text and while other methods may be equally good, these have stood the test of practice and are easily followed. The book is well printed, the illustrations clear in minute detail, and the terminology is commendably simple, but the text is printed on paper very highly glazed, which makes it difficult for night reading. A table of contents preceding the text, and the index following, render the book valuable as one of reference for nurses as well as physicians.

BENA M. HENDERSON, R.N.,
Children's Memorial Hospital, Chicago.

BIOLOGY OF SEX. For Parents and Teachers. By T. W. Galloway, Ph.D., Associate Director of Educational Activities, American Social Hygiene Association; Formerly Professor of Zoology, James Millikin University, Decatur, Ill. 150 pages, with 12 illustrations. Boston: D. C. Heath & Co. Price, \$1.24.

A most commendable effort of a trained biologist to translate into simple language a very complex and complicated problem, a problem involving not alone a clear conception of biology, but

a thorough understanding of pedagogy, economics, social science and ethics.

The book is essentially a guide for teachers and the question of whether the instructor is to be the parent, the school teacher, the physician, or the physical director is thoroughly discussed. The deduction reached is that neither of these alone should assume the entire responsibility for sex instruction, but that there should be a wise division of the labor. There follows a clear enunciation of the proper duties of each instructor with the result that the child will eventually receive a clean and proper conception of the meaning of sex. Special emphasis is given that the instruction is to be graded and no effort made to impart the entire subject at one fell swoop or at unusual times or to place undue importance or stress on sex matters. Delicate subjects are diplomatically handled and the biological and social aspect of sex indulgence is tactfully discussed without offense.

The suggestion of isolation for the venereally infected sex offender, male as well as female, has long been advocated by public health officers, but unfortunately the question is so intimately interwoven with economic factors that public opinion is opposed to it at this time.

The question of birth control receives a few appropriate lines. On page 104 the admonition is given:

The size of families should be adjusted to produce the best results. Many parents well fitted both in hereditary qualities and in favoring conditions produce families harmfully small. Many families are larger than either the hereditary endowments or the means of support will warrant.

A few rather radical proposals should be taken *cum grano salis*. For instance, we question for the present, the advisability and practicability of segregating defectives during the reproductive period. The term "defective" is rather indefinite and just who or what constitutes a defective has not been legally established. Nor do we believe that the effective sterilization of defectives by means of an operation would be a legal procedure.

A reading of the book brings us to the conclusion of the English author, H. G. Wells, who said "a subject can be perfectly decent when it is shouted from the house-tops, which would be salacious and shameful when whispered in the ear."

It is a thoughtful, comprehensive and exhaustive study on the proper approach of a difficult subject and an invaluable work for teachers, physicians, nurses and parents or any individual coming in contact not alone with children, but with adults seeking the light.

ANN DOYLE, R.N.,
U. S. Public Health Service.

TRANSACTIONS OF THE TWELFTH ANNUAL MEETING, American Child Hygiene Association, 532 17th Street, N.W., Washington, D. C. Price, \$3.

This report contains much of interest to every health worker and is indispensable to those who are primarily concerned with the health of children, as it contains the reports of the officers and of important committees on the work of the year. It contains also the addresses and live discussions that combined to make an unusually rich programme.

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Between 90% and 100%

Oklahoma

Between 80% and 90%

Mississippi

Between 70% and 80%

Florida, Alabama, Wisconsin

Between 60% and 70%

Kentucky, New Mexico

Between 50% and 60%

Pennsylvania, West Virginia, Indiana, Ohio, South Dakota, Illinois

Between 40% and 50%

Kansas, Iowa, Virginia, New Jersey, Maine, Nebraska, Arkansas, New Hampshire, South Carolina, North Carolina

Between 30% and 40%

Massachusetts, Arizona, Delaware, Idaho, Georgia, Michigan, Nevada, Oregon, Texas, Minnesota, District of Columbia

Between 20% and 30%

Montana, Wyoming, Vermont, Rhode Island, Missouri, Connecticut, Washington, Colorado, New York, Maryland, Louisiana, Tennessee

Less than 20%

California, Utah, Hawaii

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